## N22000000413

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## COVER LETTER

TO: Amendment Section Division of Corporations

PAWSITIVE BEINGS RESCUE INC.  AME OF CORPORATION:
N22000000473
OCUMENT NUMBER:
he enclosed Articles of Amendment and fee are submitted for filling.
lease return all correspondence concerning this matter to the following:
Christopher A. DiSchino
(Name of Contact Person)
DiSchino & Schamy, PLLC
(Firm/ Company)
1770 Biscayne Blvd., Suite 600
(Address)
Miami
(City/ State and Zip Code)
admin@dsmiami.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Christopher DiSchino 786-581-2542
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)
inclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee Certified Copy (Additional Copy is Enclosed)  Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

Name of Corporation as currently filed with the F	lorida l'	Dent. of State)	2024 AUG -5 SECRETARY TALLAHAS	P# 2-
PAWSITIVE BEINGS RESCUE INC.		, <u></u> ,	SECON-	111 32
		((()))	TALLATIN	OF STAT
(Documer	it Numbe	er of Corporation (if known)	TICLANAS	SEE, FL
Pursuant to the provisions of section 617,1006, Florid imendment(s) to its Articles of Incorporation:	a Statute	es, this Florida Not For Profit Corporation	adopts the following	
. If amending name, enter the new name of the c	orporati	ion:		
			The new	
name must be distinguishable and contain the word ". "Company" or "Co." may not be used in the name.	corporal	tion" or "incorporated" or the abbreviation	1 "Corp." or "Inc."	
<del></del>		695 NE 71 STREET		
B. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET AD</u>	<u>c.</u> D <u>RESS</u>	MIAMI, FLORIDA 33138		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>DX</i> )	695 NE 71 STREET		
		MIAMI, FLORIDA 33138		
			ha	
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered</li> </ol>	red office a	ce address in Florida, enter the name of t	<u>ne</u>	
		POLOUS, ISABELLA		
	95 NE 7	1 STREET		
<del>-</del>		(Florida street address)	<del></del>	
New Registered Office Address:				
<u>\lambda</u>	иамі	, Flori	da <u>33138</u> o <i>Code)</i>	
		(City) (Zip	Coar	
New Registered Agent's Signature, if changing Registered agent.	gistered Lam fai	Agent: miliar with and accept the obligations of the	≥ position.	
	1	MISSIA G/ ignature of New Registered Agent, if changi		
	Si	ignature of New Registered Agent, if changi	ng	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	<u>V</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) × Change Add	PVST	GOUZOPOLOUS, ISABELLA	695 NE 71 STREET MIAMI, FLORIDA 33138
Remove			
2) Change Add			
Remove 3 ) Remove Add Remove		<u> </u>	
4) Change Add	<del></del>		
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or addin (attach additional shee	g addition ts, if neces.	nal Articles, enter change(s) here: sary). (Be specific)	
	-		

		-
The date of each amendment(s) as date this document was signed.	doption:	
Effective date if applicable:	(no more than 90 days after amendment)	01
Note: If the date inserted in this blo document's effective date on the Do	ock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed a

<b>e</b> ,	There are no memladopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
	Dated	May 23, 2024
	Signature (	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
		ISABELLA GOUZOPOLOUS
		(Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)