## N2200007157

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	VING ARMS INC	D.		-	
	007137			_	
The enclosed Articles of Amendmen					
Please return all correspondence con-	cerning this matte	r to the following:			
	Cheye	enne Moseley			
		(Name of Contact Person)	)	-	
	Legalz	oom.com, Inc.			
		(Firm/ Company)		-	
	101 N. Brar	nd Blvd., 11th Floor			
	<u>.                                      </u>	(Address)		<del>-</del>	
	Glenda	ale, CA 91203		년 전 등	2023 HAY 10 PH 12: 20
	(	(City/ State and Zip Code	)	RETAIN TANK	AAY
karenfrancislawrenc	ce@gmail.com			芸芸	101
E-mail ad	dress: (to be used	for future annual report n	otification)		P : [
For further information concerning th	is matter, please	call:		ANY SEE, FL	2: 20
Cheyenne Moseley		800 at (	773-0888 ext. 9724	щ	_
(Name of Contact Per	son)	(Area Co	de & Daytime Telephone Number)	-	
Enclosed is a check for the following	amount made pay	vable to the Florida Depar	tment of State:		
☐ \$35 Filing Fee ☐\$43. Cert	75 Filing Fee & lificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address Amendment Section Division of Corpor P.O. Box 6327		Division	Address nent Section of Corporations Building		

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

LOVING ARMS INC. (Name of Corporation as currently file)	ed with the Florida Dent. of State)	
N22000007137	eu with the Florida Dept. of State	
(Docume)	nt Number of Corporation (if known)	
ursuant to the provisions of section 617.1006 mendment(s) to its Articles of Incorporation:	, Florida Statutes, this Florida Not For Profit Corp	poration adopts the following
. If amending name, enter the new name	of the corporation:	
		The new
Company" or "Co." may not be used in the		reviation "Corp." or "Inc."
. Enter new principal office address, if ap Principal office address MUST BE A STRE		
The that office dualess most be A STRE.		
	<del></del>	
Enter new mailing address, if applicable		198 198
(Mailing address <u>MAY BE A POST OFF</u>	ICE BOX)	<del></del>
		SECRETARY OF STAT
		me of the
	registered office address in Florida, enter the na	ime of the
new registered agent and/or the new reg	ustered office address:	E AT
Name of New Registered Agent:		— —
<del></del>	(Florida street address)	_
New Registered Office Address:		
	, Florid	a
	(City)	(Zip Code)
lew Registered Agent's Signature, if chang hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with and accept the obligation	ons of the position.
Si	gnature of New Registered Agent, if changing	_

## 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 = Chief Executive 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 Mi</u>	nn <u>Doe</u> ke Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D,S	Marie Patricia Delinois	12105 SW 92 AVE
X Add			MIAMI, FL 33176
Remove			
2) Change	D,T	George Monteiro	12105 SW 92 AVE TA CO
X Add			MIAMI, FL 33176
Remove			
3) Change	D,S	OGANDO, JEFFERSON	12105 SW 92 AVE 7 20
Add			MIAMI, FL 33176
X Remove			
4) Change	D,T	OGANDO, ELIZABETH	12105 SW 92 AVE
Add		· · · · · · · · · · · · · · · · · · ·	MIAMI, FL 33176
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
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	e date of each amendment(s) adoption: 02/21/2023	, if other than the
date	e this document was signed.	
Eff	ective date if applicable: 03/21/23  (no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated03/21/23	
	Signature  (By the chairman of 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)	
	Karen Francis Lawrence	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)

SECRETARY OF STA