

N22000007351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

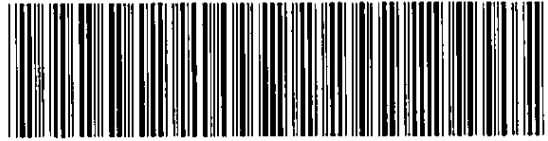
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Therapeutic Wellness Foundation Inc. _____

DOCUMENT NUMBER: N22000007351 _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miriam Rodriguez

(Name of Contact Person)

Therapeutic Wellness Foundation Inc

(Firm/ Company)

637 South Fairfax Ave. Ste. 502

(Address)

Los Angeles, California 90036

(City/ State and Zip Code)

santanabuffalo@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miriam Rodriguez 310 927-2828

(Name of Contact Person) at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment
to
Articles of Incorporation
of

(Name of Corporation as currently filed with the Florida Dept. of State)

N22000007351

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

National Pet Salvation Corp.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

New Registered Office Address:

N/A

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>V</u>	<u>David Dildine</u>	<u>575 W 19th apt C229</u> <u>Costa Mesa, CA 92627</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>VD</u>	<u>Santana Rodriguez</u>	<u>637 south Fairfax ave Ste 502</u> <u>Los angeles, CA 90036</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

amending mission statement and what we do:

~~vide funding to pets that are brought into rescues or animal shelters that become ill due to being abandoned, injured, experience~~

The mission of National Pet Salvation Corp is to provide funding for pets that are brought into Shelters or Rescues that are injured, have been in accidents, or

traumatized by toxins ~~that~~ or diseases that are found in the environments. Many times, these services are not available for coverage with insurance companies because they are classified as pre-existing conditions. It's really unfair to these pets because it's not their fault that they were abandoned, abused, or placed in these situations, therefore causing them trauma, injury or diseases. The outcome is usually no one wanting to adopt them because the potential pet owners don't have the funds to treat them and the animal then does not get adopted and are left for euthanization. Our mission is to save these animals from being left to die because no one will adopt them. We want these pets to have an opportunity at life, regardless of whatever disease they have. We are also a mission that will fight for free insurance administration to cater to these loving beautiful pets.

The date of each amendment(s) adoption: October 27, 2023, if other than the date this document was signed.

Effective date if applicable: October 27, 2023
(no more than 90 days after amendment file date)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

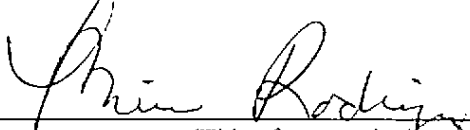
(CHECK ONE)

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated October 27, 2023

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)

Miriam Rodriguez
MIRIAM RODRIGUEZ
(Typed or printed name of person signing)

President 
(Title of person signing)