N22000008435

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BRIGHTER	TOMORROWS H	ORSE ADVOC	CATES A	ND MORE INC	
N22000008435 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee	are submitted for fi	lling.			
Please return all correspondence concerning the	nis matter to the fol	lowing:			
STACY BARBARO					
	(Name of C	Contact Person)	<u> </u>		
BRIGHTER TOMORROWS HORSE ADVO	CATES AND MO	RE INC			
	(Firm/	Company)			
7421 SEA GRAPE AVENUE					
	(A	ddress)			
PORT RICHEY, FL 34668					
	(City/ State	e and Zip Code)		
KAMALIBTHA@GMAIL.COM					
E-mail address: (to	be used for future	annual report n	otification	1)	
For further information concerning this matter	r, please call;				
STACY BARBARO		727 ai		271-6706	
(Name of Contac	t Person)	(Are	a Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount	made payable to th	e Florida Depa	rtment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Status Certified	l Copy nal copy is	Certifi Certifi) Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing Address Amendment Section		<u>Street /</u> Amendr	Address nent Secti	on	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to

A	to rticles of Incorporation of		T _A Ti	7952
BRIGHTER TOMORROWS HORSE ADVOCATES A	-		· 	101
(Name of Corporation as currently filed with the Flo				5
N22000008435	ita izepti or exare,			.>>
	Number of Corporation (if kno	aum)	1(5
	-			
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the	following	; <u> </u>
A. If amending name, enter the new name of the cor	rporation:			
			The new	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp." (or "Inc."	
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u>)			
				
			_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0			
			_	
				
D. If amending the registered agent and/or registere	ed office address in Florida, e	nter the name of the		
new registered agent and/or the new registered o	ffice address:			
Name of New Registered Agent:				
	(Flor	rida street address)		
New Registered Office Address:				
		. Florida		
_	(City)	, Florida (Zip Code)		
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept th	he obligations of the position.		
racery description approximate an regime so agent of				
_ 	Signature of New Register	red 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove A Add	PT John De V Mike Jo SV Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>P</u>	THOMAS C KEMPSTER	7421 SEA GRAPE AVE PORT RICHEY, FL 34668
* Remove			
2) Change Add	<u>P</u>	STACY I. BARBARO	7421 SEA GRAPE AVE PORT RICHEY, FL 34668
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
			

				
				
		•		
	•			<u> </u>
			···	
				
		·		
			·	
				
The date of each amendment(s) adopti date this document was signed	on: 11/16/2022			, if other than th
Effective date <u>if applicable</u> :				
	(no more than 90 a	lays after amendment f	île date)	
Note: If the date inserted in this block document's effective date on the Departr	oes not meet the app	ficable statutory filing		will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
			and for the second	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	a by the members ar	ia the number of votes	cast for the amendme	nu(s)

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Dated	11/16/2022
Signatur	(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) THOMAS C KEMPSTER
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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