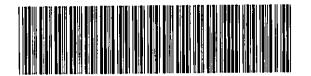
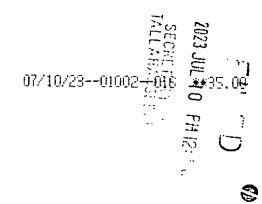
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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

PAWWS OF LIFE IN		* ** **	
N23000001921 DOCUMENT NUMBER:	_		
The enclosed Articles of Amendment and fee are subm			
Please return all correspondence concerning this matte			
OLADOTUN ORUKOTAN			
	Name of Contact Perso	n)	
	(E. 10)		
	(Firm/ Company)		
2719 HOLLYWOOD BLVD STE 5183			
	(Address)		
HOLLYWOOD FLORIDA 33020			
	(City/ State and Zip Cod	le)	
DOTUN@3ATE.COM			
E-mail address: (to be used	for future annual report	notificatio	n)
For further information concerning this matter, please	call:		
OLADOTUN ORUKOTAN	95 at	4	6254924
(Name of Contact Person)	(A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	oartment of	State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif (Addi	0 Filing Fee Teate of Status Ted Copy Itional Copy is Osed)
Mailing Address Amendment Section		Address dment Sect	ion
Division of Corporations		on of Corp	
P.O. Box 6327	The C	Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ASERTALIO PARE

PAWWS OF LIFE INC.

N23000001921		<u></u>
(Docum	nent Number of Corporation (if kn	nown)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		The new " or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>	ble: DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or registered agent and/or the new registered.		enter the name of the
Name of New Registered Agent:	OLADOTUN ORUKOTAN	
	8200 NW 53ST	
New Registered Office Address:	1.5	orida street address)
Ten Register Commission	LAUDERHILL	33351
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: at. I am familiar with and accept	the obligations of the position.
-	Olalutan Cruk	Man; ered Agent, if changing

Ø

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	DIR	OLADOTUN ORUKOTAN	8200 NW 53ST LAUDERHILL FL. 33351
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she	ng additi ets. if nec	onal Articles, enter change(s) here: essary). (Be specific)	
-			

			 	
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		-		<u>. </u>
				
				
		<u>-</u>		
		_		
		•		
The date of each amendment(s) adoption date this document was signed.	·			, if other than the
Effective date if applicable:				
	no more than 90 days o	fter amendment file	date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable of State's records.	e statutory filing req	uirements, this date will not	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adopted to was/were sufficient for approval.	by the members and the	e number of votes cas	st for the amendment(s)	

J	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 3-15-2023
	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)
	Anise Flerime (Typed or printed name of person signing)
	DIR

(Title of person signing)