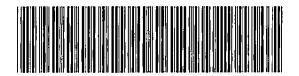
## N23000014448

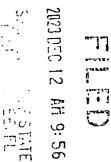
(Re	equestor's Name)	
(Ad	ldress)	
72.		
(Ad	ldress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Amendment Section  $_{\rm th}$  . Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

NAME OF CORPORATION: Shelter Si	sters Sanctuary Inc	
DOCUMENT NUMBER: N2300001444	8	
The enclosed Articles of Amendment and fee		
Please return all correspondence concerning th	nis matter to the following:	
Mitchell Lampert		
	(Name of Contact Person	on)
	(Firm/ Company)	
1060 Lake Drive		
	(Address)	
Delray Beach, Florida 33444		
	(City/ State and Zip Co	de)
mitchlampert@hotmail.com E-mail address: (to	be used for future annual repor	i notification)
For further information concerning this matter	, please call:	
Mitchell Lampert		05-926-8145
(Name of Contact	Person) (A	vrea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount i	made payable to the Florida De-	partment of State:
□ \$35 Filing Fec □ \$43.75 Filing I Certificate of S		☑\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section		t Address dment Section
Division of Corporations		on of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation

Shelter Sisters Sanctuary Inc

FILED

(Name of Corporation as currently filed with the Florida l	Dept. of State)	2023 DFC 12	
N23000014448		2023 DEC 12	<sup>Ari</sup> 9: 56
(Document Numb	per of Corporation (if known)	Title	2 3 3 4 4 5
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit C</i>	Corporation adopts	the following
A. If amending name, enter the new name of the corporat	ion:		
Shelter Sisters Inc			The new
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	tion" or "incorporated" or the a	ibbreviation "Corp	." or "Inc."
B. Enter new principal office address, if applicable:	1060 Lake Drive		
(Principal office address MUST BE A STREET ADDRESS	Delray Beach, Florida		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1060 Lake Drive		
	Delray Beach, Florida 33-	444	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, enter the	name of the	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	N/A		<del>-</del>
New Registered Office Address:	(Florida street (	uldress)	
<u></u>		Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai		tions of the position	n.
$\frac{-}{Si_{l}}$	gnature of New Registered Agent	t, 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	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u> /	Address
1) Change Add	<del></del>	N/A	
Remove			
Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee	ts, if necessary).	ticles, enter change(s) here: (Be specific)	
N	/ <u>A</u>		
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The date of each amendment date this document was signed.	(s) adoption: 1	2/5/2023	<del> </del>			, if other than the
	12/5/2023					
Effective date if applicable:		nore than 90 day.	s after amendm	ent file date)	<del></del>	
Note: If the date inserted in the document's effective date on the	is block does no ne Department o	t meet the applicate f State's records.	ible statutory fi	ling requiremen	ts, this date will r	not be listed as the
Adoption of Amendment(s)	( <u>C1</u>	IECK <u>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.

I	Dated _	12/5/2023
(	Signature	Mitchell Lampert ///
	1	By the chairman or vice chairman of the board, president or other officer-if directo have not been selected, by an incorporator – if in the hands of a receiver, trustee, cother court appointed fiduciary by that fiduciary)  Mitchell Lamport
		Mitchell Lampert