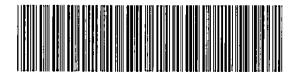
N24000004611

(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	R.E.A.L. PAWS, COI N:	RP. 		
N 	24000004611			
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.		
Please return all corresponder	ice concerning this matte	r to the following:		
Karla Huffman				
		Name of Contact Perso	n)	· · · · · · · · · · · · · · · · · · ·
R.E.A.L. Paws, Corp.				
		(Firm/ Company)		
1638 Nocatee Drive				
		(Address)		
Miami, FL 33133				
		City/ State and Zip Cod	le)	
karla@realpaws.org				
E-	mail address: (to be used	for future annual report	notification)
For further information conce	rning this matter, please	call:		
Karla Huffman		at	6	
(Name of Contact Person)	(A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pa	yable to the Florida Dep	eartment of	State:
	□S43.75 Filing Fee & (Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy tional Copy is sed)
P.O. Box 6	t Section Corporations 327	Amen Divisi The C	Address dment Secti on of Corpo Centre of T	orations allahassee
Tallahassee	, FL 32314	2415	N. Monroc	Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

R.E.A.L. PAWS, CORP.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	•
N24000004611		
(Document	Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorporatea	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD.</u>	<u>RESS</u>)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	V)	
. 9		

D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
	Mice address.	
Name of New Registered Agent:		
	(F)	orida street addressi
New Registered Office Address:	,, ,	**************************************
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and accept	the obligations of the position.
•	Signature of New Regist	ered 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	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>D</u>	Maria Fernandez-Ledon	2451 Brickell Avenue Unit #12J
xx Remove			Miami, FL 33129
2) Change Add			
Remove 3) Remove 4 Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add		·	
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	

•	
•	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory fi document's effective date on the Department of State's records.	ling requirements, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	July 15, 2024
Signatu	4/2/6/2
.,.5	(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)
	Karla Huffinan
	(Typed or printed name of person signing)