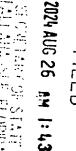
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## **COVER LETTER**

TO: Amendment Section Division of Corporation	• •	•		·	
NAME OF CORPORATE	on: <u>Doche</u>	ry's	Amazina	rescue	S
DOCUMENT NUMBER:	4 ) DII O O	00004	<u>690</u>		
The enclosed Articles of Ar	nendment and fee are sub-	mitted for filing.			
Please return all correspond	ence concerning this matt	er to the followi	ng:		
	Amb	en Do	chery		
		(Name of Conta	act Person)		
		(Firm/ Con	npany)		
10	14 maniti	n cur (Addre	<u>S.</u>		
	lehigh	Acres	FL. 3	3974	
d	cherysamar	ing resc	ves (a) gm	va.1. com	) <del>-</del>
For further information con-			af report notification)		
Amber	Daviery		at 828-	216-1999	l
	(Name of Contact Person	)	(Area Code)	214 - 1999 (Daytime Telephone 1	Number)
Enclosed is a check for the	following amount made pa	ayable to the Flo	rida Department of S	tate:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional control of the control o	y Certific opy is Certifie	ate of Status d Copy onal Copy is	
Mailing A	Address ent Section		Street Address	_	
	of Corporations		Amendment Section  Division of Corpor		
P.O. Box	6327		The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



August 1, 2024

AMBER DOCKERY 1014 MANIKIN AVE S LEHIGH ACRES, FL 33974

SUBJECT: DOCKERY'S AMAZING RESCUES. INC.

Ref. Number: N2400004690

We have received your document for DOCKERY'S AMAZING RESCUES, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

Letter Number: 224A00017065

Sent Cushiers Check

# 1001056049

F/9350

Filing Fee

## COVER LETTER:

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) manitin dockerys amazing rescues (a gmail. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amner Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation

Art	ticles of Incorporation	
(Name of Corporation as currently filed with the Flori	mazing Poscues, Inc.	
(Name of Corporation as currently fred with the Floris	oa Dept. or State)	
(Document No	umber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation add	opts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration or "incorporated or the abbreviation "C	Corp. or The.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		
Name of New Registered Agent		024
		S F
New Registered Office Address:	(Florida street address)	LED My
<del></del> -	(City) (Zipçe)	ide) =
New Registered Agent's Signature, if changing Registe	<b>∵•</b>	🕆 မိ
Thereby accept the appointment as registered agent. I an		sition.
<del></del>	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:  X Change X Remove X Add	PT         John f           V         Mike           SV         Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	$\overline{\mathcal{D}}$	Bobby Hartley	1014 Manikin auls. Lanign Fl 33974
Remove  2) Change Add		Mary Fuller	714 SW Kentucky St Fort White FL, 32038
Remove 3 ) Remove 4 Add Remove			3 2038
4) Change Add			·
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	
			<del></del>

		•		
<del></del>				
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		<del>,</del>	<del></del>	
	···			
				<del></del> _
		- <u>-</u>		
The date of each amendment(s) adopti	on:			if other than the
date this document was signed.				, ir other tight the
Effective date if applicable:	tno more than 90 day.			

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)

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

, Dated	7-15-24
Signature	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, of other court appointed fiduciary by that fiduciary)
	Amber Dochery (Typed or printed name of person signing)
	Drosidant