

N240000006396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

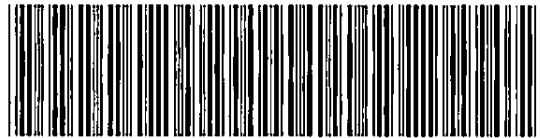
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AUG 14  
S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2024

LANIGAN & ASSOCIATES PC  
FRANK MERCER  
2630 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308

SUBJECT: BOYKIN SPANIEL HEALTH ORGANIZATION INC  
Ref. Number: N24000006396

We have received your document for BOYKIN SPANIEL HEALTH ORGANIZATION INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 024A00015945

PLEASE find corrected  
filing forms.  
FRANK MERCER

AUG 02 2024

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Boykin Spaniel Health Organization Inc

DOCUMENT NUMBER: N 24000006396

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Mercer  
Name of Contact Person  
Lanigan & Associates PC  
Firm/ Company  
2630 Centennial Place  
Address  
Tallahassee, FL 32308  
City/ State and Zip Code  
fjmercerc@laniganpcpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Mercer at ( 850 ) 893-8418  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Boykin Spaniel Health Organization Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N 24000006396

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

1) \_\_\_\_ Change  
\_\_\_\_ Add  
\_\_\_\_ Remove

2) \_\_\_\_ Change  
\_\_\_\_ Add  
\_\_\_\_ Remove

3 ) \_\_\_\_ Change  
\_\_\_\_ Add  
\_\_\_\_ Remove

4) \_\_\_\_ Change  
\_\_\_\_ Add  
\_\_\_\_ Remove

5) \_\_\_\_ Change  
\_\_\_\_ Add  
\_\_\_\_ Remove

6) \_\_\_\_ Change  
\_\_\_\_ Add  
\_\_\_\_ Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

Adding Article IX

Upon dissolution of this organization, assets shall be distributed to the Boykin Spaniel Rescue Inc. ( 112 Hunter Ridge  
Dr. Boiling Springs , SC 29316 ) or distributed for one or more exempt purposes within meaning of section 501(c) 3 of  
the Interanl Revenue Service.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

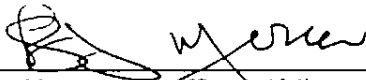
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_  
(voting group)"

Dated 7/29/2024

Signature   
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Frank Mercer

\_\_\_\_\_  
(Typed or printed name of person signing)

Registered Agent

\_\_\_\_\_  
(Title of person signing)

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