

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(But	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



700305012447

10/27/17--01021--021 \*\*52.30

(CT S1 7))

## **COVER LETTER**

NAME OF CORPORATION: BORN FREE PET She HER inc DOCUMENT NUMBER: N930000 26 25 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALICIA Aballi (Name of Contact Person) Born Free Per Shelter inc. ALICIA ABAILI CO DAWN BLAKESJEE 18901 SW 232 Street MiAMI FLORIDA 33170-5207 BORN FREE Shelter @ GMA'l. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALICIA Abarri at (305) 361-550 7

(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: \$52.50 Filing Fee □ \$35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

**Mailing Address** 

TO: Amendment Section

Division of Corporations

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

## FILED

Articles of Incorporation

17 OCT 27 AH 10: 35

<u> </u>	of
BORN FREE PET Sh	Ne Iter OC SECRETARY OF STATE TALLAHASSLE FLORIDA  Ly filed with the Florida Dept. of State)
(Name of Corporation as currently	ly filed with the Florida Dept. of State)
N 9300000 2625	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, unendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	74
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ALICIA ABALLI - BORN FREE PET Sher 18901 SW 232 STREET MIAMI, FLURIDA 33170-5207
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent:	
New Registered Office Address:  MAM	1 SW 23:2 STREET  (Florida street address)  Florida 33/70-520
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fami	(Zip Code)
Sign	mature 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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	ALICIA G. Aballi	18901 SW 232 STREET
Add Remove			MIAMI FL 33170-5207
2) Change Add	<u> </u>	ELIZABETH TRELLES ALVARE	2 9131 SW 20th Street Minni, FL 33145
Remove 3) Change Add	T	Christina Mira	36 NORTH MORRIS Avenue FARMINGUILLE, NEWYOTK 11738
Remove 4) Change Add	<u>S</u>	VICTORIA LUREN	P.O. Box 823 KEY BISCAYNE, FL 33149
Remove  5) Change Add	<u>C</u> _	DAWN BLAKES lee	18901 SW 232 STREET MIAMI, FL 33170-5207
Remove  6) Change  Add  Remove			
		D 2 64	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
$\mathcal{N}/\Delta$	
	_
	_

The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date <u>if applicable</u> :	October 24, 2017 (no more than 90 days after amendment file date)	Z
Note: If the date inserted in this block of locument's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes east for t	he amendment(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendme	nt(s) was/were
Dated October	e 24. 2017	
have not been so	n or vice chairman of the board, president or other off elected, by an incorporator – if in the hands of a recei- pinted fiduciary by that fiduciary)	
	ALICIA 6. ABALLI (Typed or printed name of person signing)	<u> </u>
<del>-</del> · · · · · ·	Alecca & Alecte (Title of person signing)	

. . . .