

(CT 51.707)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BORN FREE PET SHELTER inc

DOCUMENT NUMBER: N93000002625

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 PET SHELTER inc.
(Firm/ Company)

ALICIA ABALLI % DAWN BLAKESLEE 18901 SW 232 Street
(Address)

MIAMI, FLORIDA 33170-5207
(City/ State and Zip Code)

BORN FREE SHELTER@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALICIA ABALLI at (305) 361-5507
(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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

Mailing Address
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
to
Articles of Incorporation
of

FILED

17 OCT 27 AM 10:35

BORN Free Pet Shelter inc.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

N93000002625

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ALICIA ABALLI - BORN FREE PET SHELTER
18901 SW 232 STREET
MIAMI, FLORIDA 33170-5207

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:

N/A

18901 SW 232 STREET

(Florida street address)

New Registered Office Address:

MIAMI

(City)

Florida

33170-5207

(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.

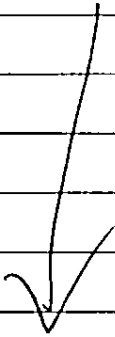
N/A

Signature of New Registered Agent, if changing

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E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A



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

Effective date if applicable: October 24, 2017
(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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated October 24, 2017

Signature _____
(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)

Alicia G. Aballi
(Typed or printed name of person signing)

Alicia G. Aballi
(Title of person signing)