N95000004787

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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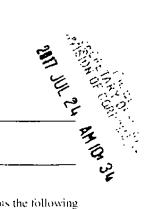
JUL 27 ISM

COVER LETTER

TO: Amendment Section Division of Corporations	.
PAWS 2 HELP INC	
N95000004787 DOCUMENT NUMBER:	or filing.
The enclosed Articles of Amendment and fee are submitted f	or filing.
Please return all correspondence concerning this matter to the	: following:
MARY L CONTESSA	
(Name	of Contact Person)
MARY L CONTESSA CPA PA	
(F	irm/ Company)
13749 49TH ST NORTH	
	(Address)
WEST PALM BEACH, FL 33411	
(City)	State and Zip Code)
mcontessa@dbmscpa.com	
E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this matter, please call:	
Mary L. Contessa	561-906-323 6 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	o the Florida Department of State:
(Add	75 Filing Fee & S
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clitton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



PAWS 2 HELP INC

(Name of Corporation as c	urrently filed with the Flor	ida Dept. of State)
N95000004787		
(Document	Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617,1006, Florida 8 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 cor-	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	rporation" or "incorporated	l" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>RESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Andrew
		• • •
 If amending the registered agent and/or registere new registered agent and/or the new registered of 	<u>d office address in Florida,</u> ffice address:	enter the name of the
Name of New Registered Agent:		
		orida street address)
New Registered Office Address:		,
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered agent = 1	am familiar with and accept	the obligations of the position.
	Signature of New Regist	tered 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>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TD	Mary L. Contessa	13749 49th St. N.
X Add			West Palm Beach, FL 33411
Remove			
2) X Change	VPD	Elton J. Giseendanner	3029 Placid View Dr.
Add			Lake Placid, FL 33862
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) adoptio date this document was signed. Effective date if applicable:	n: 7/1/2017 7/1/2017 (no more than 90 days after amendment file date)	, if other than the
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not ent of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	
There are no members or members er adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were	
Dated7	15/2017	
Signature <u>T</u>	Dinendon	
have not been sele	r vice chairman of the board, president or other officer-if directors setted, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	
<u>£</u>	Two J. Gosen diagner DVn. (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Vice lies, List 1 Director	
	(Title of person signing)	