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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>burney's End Animal Sunctuary</u> , In	C .
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Comen Meeks	
Coren Meeks (Name of Contact Person)	
(Firm/ Company)	
PO DOX 270163	
(Address)	
PO DOX 270163 (Address) Glenward, FL 32727 (City/ State and Zip Code)	
(City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Amy Whitmorph at 386-73-1-1219 (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:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	
Division of Cornerations Division of Cornerations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JOURVE A	3 IZOU MAIMA	i ourctury in	<u>_</u> ,
(Name of Corporation as currently filed with the F	Norida Dept. of State)		-
·	199000	06 4901	
(Document)	nt Number of Corporation (if k	nown)	_
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not Fo	or Profit Corporation adopts the following	ng
A. If amending name, enter the new name of the c	orporation:		بامر
		The ne	Y\[/
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "Incorporated	d" or the abbreviation "Corp." or "Inc.	
B. Enter new principal office address, if applicable	<u>e:</u>		. 1.
(Principal office address MUST BE A STRBET AD)	DRESS)		- nlA
		· · · · · · · · · · · · · · · · · · ·	_ [i]
	·		
C. Enter new mailing address, if applicable:	220		
(Mailing address MAY BE A POST OFFICE BC	<u></u> _		_
			
D. If amending the registered agent and/or registe	and affice address in 171-12.		_
new registered agent and/or the new registered	office address:	enter the name of the	
Name of New Registered Agent:			MA
THING OF ITEM NEXISIETER AREIN:			_ ' '
-	/6/	orida street address)	_
New Registered Office Address:	(r)	orum siree adaress)	
		, Florida	
-	(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Re-	Sistered Agent		
I hereby accept the appointment as registered agent.	Tam familiar with and accept	the obligations of the position.	
	·		
			25
	Signature of New Regist	ered Agent, if changing	711

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 I Y Mike SV Sally S	lones	
Type of Action (Check One)	Title	Name	Address
1) Change Add	Diractur	Flurence Thurt	1899 Mercers Ferney Ro
2) Change Add	anatur	Charlene A.m.iller	65 Dogwood Trail Delan, Fr 32713
Remove 3) Change Add	Overtur	Elane Morriss	1950 Whipporwill Ln De Lane, 12 3272 y
Remove 4) Change Add	Pres.	Coren Moeks	PO BOX 220163
Remove 5) Change Add	Trous	Shown Burnett	2690 CONCURO RD DELANO, Fr. 32720
Remove 6) Change Add		<u> </u>	
	iding additional Ar theets, if necessary).	ticles, enter change(s) here: (Be specific)	
	<u> </u>		

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The date of each amendment(s) adoption: date this document was signed.	, if other than the
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 no document's effective date on the Department of State's records.	t be listed as the
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 $\times 11/10/21$
Signature & Cocy JMW
(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)
Coren Mæks
(Typed or printed name of person signing)
President
(Title of nercon signing)

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