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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: POWS AND FURRY FACES, INCORPORTED					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Michelle ACLUIA  Name of Contact Person  Paus aud Furru Faces					
Firm/Company 5433 SW 35th AVENUE					
Address					
FOIZH LAUCIERDALE FL 33312.  City/ State and Zip Code					
Powsoud Furry Faces @ gmail. Comv  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Michelle Aculua at (954) (014-8136) 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:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

## Articles of Amendment

## Articles of Incorporation of

Paws and Furry Faces	s lucorpoted
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P17000043371	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>u</u>
Paux & Furril Fac	CES, INC.
name must be distinguishable and contain the world "corpore" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
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)	FILED PILED 13 14 2 03 13 14 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addi	
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	
Signature of Ne	w 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	<u>T4</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				<del> </del>
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add			_	
Remove				

, and the same same and the same same same same same same same sam	icles, enter change(s) here: (Be specific)
<del></del>	
<u>.</u>	
If an amandment provides for an each	lange, reclassification, or cancellation of issued shares,
is an amenument provides for an exen	
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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provisions for implementing the ame	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:date this document was signed.	10/12/17	, if other than the
	10/10/10	
Effective date if applicable:	(no more than 90 days after amendment)	file date)
		•
Note: If the date inserted in this block does not document's effective date on the Department of S		airements, this date will not be listed as the
Adoption of Amendment(s) (CHE	CCK ONE)	
☐The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		the amendment(s)
☐ The amendment(s) was/were approved by the smust be separately provided for each voting g		
"The number of votes cast for the amend	iment(s) was/were sufficient for approval	
by	ng group)	
(votin	ng group)	
The amendment(s) was/were adopted by the be action was not required.	oard of directors without shareholder action	on and shareholder
The amendment(s) was/were adopted by the in action was not required.	ecorporators without shareholder action ar	nd shareholder
Dated 10/10/17	7	
06/1	00 A -	
Signature	h // O	
	ent or other officer – if directors or office porator – if in the hands of a receiver, trus	
appointed fiduciary b		acc, or other court
,	Michalla noull	$\triangle$
(T	'yped or printed name of person signing)	
	President/Owner	
	(Title of person signing)	·