P23000004300

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S. ROBERTS
JUL 2 4 2023

COVER LETTER

TO: Amendment Section

Division of Corp	orations		
NAME OF CORPOR	Pawztopia, Inc. RATION:		
	P23000004300 BER:		
	of Amendment and fee are so		
Please return all corres	spondence concerning this ma	atter to the following:	
	Paula Matiz		
	Pawztopia, Inc.	Name of Contact Perso	nc
	912 NE 17th Ct#1	Firm/ Company	
	Fort Lauderdale, FL 33305	Address	
		City/ State and Zip Coo	le
	pmatiz@pawztopia.com		
	E-mail address: (to be u	sed for future annual repor	t notification)
For further information	concerning this matter, plea	se call:	
Paula Matiz		954 au (801-5050)
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State;
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

Pawztopia, Inc.		
P23000004300	currently filed with the Florida Dept.	of State)
(Document)	Number of Corporation (if known)	,
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation;	utes, this Florida Profit Corporation ado	pts the following amendment(s) t
A. If amending name, enter the new name of the corpor	ration:	
name must be distinguishable and contain the word "corpore "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviatio	"Co" A professional corporation nan	The new the abbreviation "Corp.," ne must contain the word
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u> </u>	L-3
Enter new mailing address, if applicable:		(1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		· · ·
		
	<u> </u>	л w
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	fice address in Florida, enter the name address:	of the
Name of New Registered Agent		
	lorida street address)	
New Registered Office Address:	ŗ	lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fo	d Agent: amiliar with and accept the obligations of	f the position.
Signature o	f New Registered Agent, if changing	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	Address
(Check One)	CFO	VICTORIA DUFF	1143 Boom Koral Circle
1) Change X Add		-	Santa Ana, CA 92703
	CMO	Alison Frutkin	912 NE 17th Ct., #1
2) Change X Add			Fort Lauderdale, FL 33305
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
			<u> </u>
	 _		
	-		
		<u>-</u>	
	_	<u> </u>	
		_	
	-		<u> </u>
f an amendment provides for an exch	inge, reclassification or	cancellation of icenad c	horoc
provisions for implementing the amer	<u>idme</u> nt if not contained i	n the amendment itself	
(if not applicable, indicate N/A) stopia currently has 10,000,000 shares of	f common stock		
yould like to add an additional 40,000,0	00,000,007 for a total of 50,000	0.	
		<u> </u>	
		<u> </u>	
			

May 25, 2023

The date of each amendment(s) adoption	i: if other t
date this document was signed. May 25, 20	23
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block d document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not be listed not of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were adopted b action was not required.	the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	the shareholders. The number of votes cast for the amendment(s) for approval.
☐ The amendment(s) was/were approved must be separately provided for each v	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	nmendment(s) was/were sufficient for approval
by	<u> </u>
	(voting group)
May 25, 2023 Dated Signature(By a director	resident or other officer – if directors or officers have not been
selected.\by}an	incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
CEO	(Typed or printed name of person signing)
-	(Title of person signing)

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