P23000017285

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Tampa Bay pet We	illness. Inc.				
	ABER: P23000017285					
	es of Amendment and fee are su	bmitted for filing.				
Please return all con	respondence concerning this ma	tter to the following:				
	Thomasina Baker, President					
	Name of Contact Person					
	Tampa Bay Per Wellness, Inc					
	5949 17th Ave South					
		Address				
	Gulfport FL 33707					
		City/ State and Zip Cod	2			
	tommic.holmes.m@gmail.co	m				
	E-mail address: (to be us	ed for future annual report	notification)	- 2		
For further informat	ion concerning this matter, pleas	se call:				
Thomasina Baker		at (205	790-5790			
Name	e of Contact Person		de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:			
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	- 3 6		
<u>M</u>	ailing Address	Street	Address			

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

01	
Tama Bay Pet Wellness, Inc.	
(Name of Corporation as currently filed with the Flori	ida Dept. of State)
P23000017285	
(Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpolits</i> Articles of Incorporation:	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "company," or "incorp" Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpo "chartered," "professional association," or the abbreviation "P.A."	orated" or the abbreviation "Corp"
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) N	
D. If amending the registered agent and/or registered office address in Florida, entenew registered agent and/or the new registered office address:	r the name of the
Name of New Registered Agent	
(Florida street uddress)	5
New Registered Office Address: (City)	Florida

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.

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>PT</u>	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	Laura Silvia	5949 17th Ave S
Add X Remove			Gulfport FL 33707
2) Change		Activities and the second seco	
Add Remove 3) Change Add			
Remove 4) Change Add			
Remove 5/ Change Add		_	
Remove 6) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
-	
	
	2022 St. 13
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
No shares were issued to Laura Silvia. Thomasina baker, President is 100% shareholder.	
	E Z
	-

The date of each amendment(s) date this document was signed.	August 4, 2023 adoption:	, if other than th
01	-Aug-2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	ino more man 90 days after amenament fite date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action	n and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.)
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	11
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by Thomasina Baker, Pi	resident "	
	(voting group)	
0.40		
04Scp201 Dated	23	
	150/h	
Signature	director, president or other officer - if directors or officers have not been	<u></u>
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	Thomasina Baker	
	(Typed or printed name of person signing)	
	President	-
	(Title of person signing)	
	· · · · · · · · · · · · · · · · · · ·	, <u>;</u>