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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Amendment Section • Division of Corporations

NAME OF COR	PORATION: DOGTALES OF S	ST. PETE, INC.	
DOCUMENT N	UMBER:		
The enclosed Arti	cles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
	KRISTIANA KELLEY		
		Name of Contact Person	
	DOGTALES OF ST. PETE.	INC.	
		Firm/ Company	
	1325 SNELL ISLE BLVD N	, ,	
		Address	
	SAINT PETERSBURG, FL		
		City/ State and Zip Cod	
		City/ State and Zip Cod	e
	kristi@dogtalesstpete.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	ation concerning this matter, plea	se call:	
		· -	
KRISTIANA KE		at (
Na	me of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fe	e S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DOGTALES OF ST. PETE, INC.	FILED
(Name of Corporation as current	ly filed with the Florida Dept. of State
	2023 NOY 27 PH 5: 27
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
DOGTALES ST. PETE, INC.	The new
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
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)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
	•
(Florida su	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	:: with and accept the obligations of the position.
Signature of New R	egistered Agent, if changing
Check if applicable	0 · / /
☐ 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)

Example:

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.

X Change	PT John I	Doe	
X Remove	V Mike	Jones .	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mending or adding additional Artician and artician additional sheets, if necessary).	(Be specific)
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n amendment provides for an evol-	ongo mologi@astica an annu 11 d' et a 1
ovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
in applicable.	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this bedocument's effective date on the D	plock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the aufficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated10 2 Signature1	1/23 Veistrangent ellem	
(By a d	frector, president or other officer – if directors or officers have do not incorporator – if in the hands of a receiver, trustee, cotted fiduciary by that fiduciary)	ve not been or other court
,	KRISTIANA KELLEY	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT	
	(Title of person signing)	

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