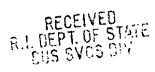


## **Articles of Amendment**

**DOMESTIC Non-Profit Corporation** 

→ Filing Fee: \$10.00



2023 JAN 18 P 1:07

Pursuant to the provisions of RIGL <u>7-6-40</u> , to of Amendment to its Articles of Incorporation	the undersigned corporation adopts the following Articles n:
•	name of the corporation is:
06/695/33	HenvenLees Rescue
	ly To ReScu@heck the box to indicate no change□
	complete the following section: CHECK ONE BOX ONLY
Perpetual (on-going)	
Date certain for dissolution	Check the box to indicate no change
Check the box to indicate an attachment [	Check the box to indicate no change
<ol><li>If the number of directors is increasing of state the number of directors in this section</li></ol>	
*List ALL directors as of this amendment	
NAME	ADDRESS
Check the box to indicate an attachment	Check the box to indicate no change

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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7. If adding or amending additional provisions, complete the following section:	
	•
· · · · · · · · · · · · · · · · · · ·	eck the box to indicate no change
8. The amendment was adopted in the following manner CHECK ONE BOX ONLY	
The amendment was adopted at a meeting of the members held on	
The amendment was adopted by a consent in writing onentitled to vote with respect thereto.	, signed by all members
The amendment was adopted at a meeting of the Board of Directors held on received the vote of a majority of the directors in office, there being no member thereto.	
·	
Date when these Articles of Amendment will be effective: CHECK ONE BOX ONLY	· · · · · · · · · · · · · · · · · · ·
Date received (Upon filing)	
Later effective date (Date must be no more than 30 days from the date of filing) _	
Under populty of popular I declare and offers that I have accomined those Articles of Ar	mandment including any
Under penalty of perjury, I declare and affirm that I have examined these Articles of Ar accompanying attachments, and that all statements contained herein are true and cor	
Type or Print the Name of the Non-Profit Corporation	·
Rendy To Rescue	
Type or Print Name of the President ☐ OR Vice President ☐	Date /-18-23
Elizabeth L. Davis	1-10-25
Signature of President OR Vice President	<del>_</del>
E. Daniel	
Type or Print Name of the Secretary ☐ <b>OR</b> Assistant Secretary ☐	Date
Joy Sperding	1-18-23
Signature of the Secretary OR Assistant Secretary	
1 (Kon X	
DAYO SIGNATINES ARE REQUIRED	
TWO SIGNATURES ARE REQUIRED	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.