

L07000000311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

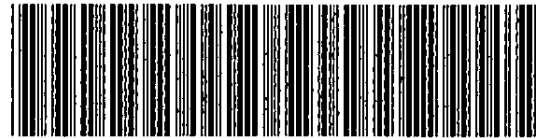
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700132437807

07/08/08--01016--001 **25.00

FILED
08 JUL 8 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUL - 9 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pet Control Depot, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amarily Trevino
(Name of Person)
Pet Control Depot, LLC
(Firm/Company)
3130 San Salvador Ave SE
(Address)
Palm Bay, FL 32909
(City/State and Zip Code)

For further information concerning this matter, please call:

Amarily Trevino at (321) 725-3314
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pet Control Depot, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
08 JUL 8 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 02, 2007 and signed
Florida document number L07000000311.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3130 San Salvador Ave SE
Palm Bay, FL
32909

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3130 San Salvador Ave SE
Palm Bay, FL
32909

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Amarily Trevino

New Registered Office Address:

3130 San Salvador Ave SE

(Enter Florida street address)

Palm Bay
(City)

Florida

32909
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rena Hafer	2966 Wildemess Blvd. E Parrish, FL 34219	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Amarily Trevino	3130 San Salvador Ave Palm Bay, FL 32909	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 01, 2008


Signature of a member or authorized representative of a member

Rena Hafer

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
08 JUL 8 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA