

L14 0000 08962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

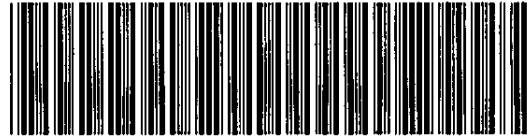
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900267862299

01/12/15--01006--020 \*\*25.00

FILED  
15 MAR -5 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAR 06 2015

623



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2015

LISA SNYCERSKI  
3015 ATLANTIC BLVD  
VEROBEACH, FL 32960

SUBJECT: LISA'S DOG TRAINING & PET CARE LLC  
Ref. Number: L14000008862

We have received your document for LISA'S DOG TRAINING & PET CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 315A00001395

## COVER LETTER

TO: ☒ Registration Section  
Division of Corporations

SUBJECT: Lisa's Dog Training & Pet Care, 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:

Lisa A. Snycerski  
Name of Person

Lisa's Dog Training & Pet Care, LLC  
Firm/Company

3015 Atlantic Blvd  
Address

Vero Beach, FL 32960  
City/State and Zip Code

Lassince84@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa A. Snycerski at (772) 538-5745  
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

TO  
ARTICLES OF ORGANIZATION  
OF

Lisa's Dog Training & Pet Care, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/16/2014 and assigned Florida document number L14000008862

This amendment is submitted to amend the following:

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

Won LOVE Dog Training, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

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 605, 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

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.)

Dated \_\_\_\_\_, \_\_\_\_\_.

Lisa A. Snyderski

Signature of a member or authorized representative of a member

Lisa A. Snyderski

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED  
15 MAR -5 AM 9:51  
RECORDS & CLERK  
TALLAHASSEE, FLORIDA