

L14 0000 70249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

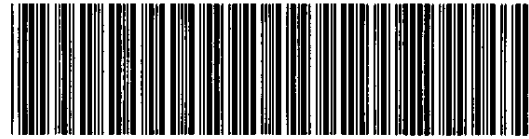
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100262839101

08/07/14--01015--021 **25.00

14 AUG -7 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
C.M. P. 0

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRIPLE CROWN PEKINGESE EVENTS, 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:

KENTON A. SHEPHARD
Name of Person

KENTON A. SHEPHARD, CPA
Firm/Company

205 N. WOODLAND BLVD.
Address

DELAND, FL 32720
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENTON A. SHEPHARD at (386) 736-7200
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

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

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ELIZABETH TILLEY-POOLE	9455 SW 140th AVE	<input checked="" type="checkbox"/> Add
		DUNNELLON, FL	<input type="checkbox"/> Remove
		34432	
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 AUG 2005 - 7 PM 112
 TILLEY-POOLE, ELIZABETH
 TILLEY-POOLE, ELIZABETH
 TILLEY-POOLE, ELIZABETH

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

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 08-02 -, 2014.

Edith Snyder

Signature of a member or authorized representative of a member

EDITH SNYDER

Typed or printed name of signee

14 AUG - 7 PM 1:12
STATE DEPT OF STATE
TALLAHASSEE FLORIDA