

L14000162175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

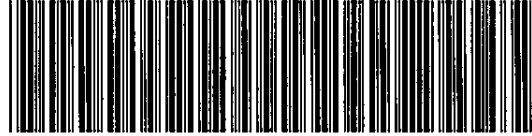
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ATLANTA, GEORGIA

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S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YPAH, 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:

Anna Rosenberg

Name of Person

WHO LET MY DOGS OUT?, LLC

Firm/Company

P.O Box 13596

Address

St. Petersburg, FL 33733

City/State and Zip Code

anna@WhoLetMyDogsOut.com

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

For further information concerning this matter, please call:

Anna Rosenberg

727
at ()

210-5622

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

YPAH, 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 Oct. 14, 2014 and assigned
Florida document number L14000162175.

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 contain 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)

441 33rd Street North

Apt. 707

St. Petersburg, FL 33713

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O Box 13596

St. Petersburg, FL 33733

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:

Anna Rosenberg

New Registered Office Address:

441 33rd Street North, Apt. 707

Enter Florida street address

St. Petersburg

City

, Florida 33713

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

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TALLAHASSEE
FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	WHO LET MY DOGS OUT?, LLC	P.O BOX 13596	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33713	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shawn Soltesz ^{Soltesz}	441 33rd Street North, #808	<input type="checkbox"/> Add
		St. Petersburg, FL 33713	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 15, 2015

Typed or printed name of signee

Filing Fee: \$25.00

FILED
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Shawn Solesz
CLERK OF STATE
TALLAHASSEE, FLORIDA