

L17000243967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

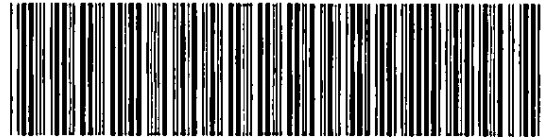
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Splice to M.S. Burroughs to
add suffix of, LLC to entity
name on 1/23/2019

Office Use Only



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01/11/19--01010--011 **30.00

S TALLENT

JAN 23 2019

FILED

19 JAN 23 PM 4:21

Amend
NLC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2019

GENESIS BURROUGHS
1400 COLONIAL BLVD STE. 202
FT. MYERS, FL 33907

SUBJECT: THE BURROUGHS TEAM, LLC
Ref. Number: L17000243967

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return 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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 819A00001566

COVER LETTER

**TO: Registration Section
Division of Corporations.**

SUBJECT: The Burroughs Team, 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:

Genesis Burroughs

Name of Person

Firm/Company

1400 Colonial Blvd Ste. 202

Address

Ft. Myers, FL 33907

City/State and Zip Code

genesisburroughs@gmail.com

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

For further information concerning this matter, please call:

Genesis Burroughs

239 849-7629

at _____

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**

The Burroughs Team, 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 11/28/2017 and assigned
Florida document number: L17000243967

This amendment is submitted to amend the following:

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

The Cuddle Pros, LLC
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)

1400 Colonial Blvd
Suite 260
FT Myers, FL 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1400 Colonial Blvd
Suite 260
FT MYERS, FL 33907

3. 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

City, Florida
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

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

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(c):

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a memoe:

Craig Burroughs Typed or printed name of signee