## L23000238165

(Requestor's Name)
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## **COVER LETTER**

TO:		stration Sect sion of Corpo				
SUBJEC	CT.	Storey Travel				
SUBJEA	C1.		Name of Limi	ited Liability Company		
The encl	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	eturn	all correspond	dence concerning this matter	to the following:		
			Jonathan R Storey			
				Name of Person	-	
			Storey Travel LLC			
				Firm/Company		<del></del>
			85074 Jessie Lane			
				Address	<del></del>	
			Yulee, FL 32097			
				City/State and Zip Code		<del></del>
			j.riley.storey@gmail.com			
			E-mail address: (	to be used for future annual	report notification)	
For furtl	her in	formation cor	neerning this matter, please ca	all:		
Riley St	torey				5-0564	
-		Name of I	Person	at () Area Code	Daytime Telepho	ne Number
Enclose	ed is a	check for the	following amount:			
		iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
	<u>Mai</u>	ling Address:		Street A	ddress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Storey Travel LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/15/2023	and assigned
lorida document number L23000238165		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ireenPaw K9 Waste Management LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDRESS)	<u>.                                    </u>	25 F
		25 <del>L</del>
nter new mailing address, if applicable:		10 <b>2</b>
Aailing address MAY BE A POST OFFICE BOX)		2: 1.0: 1.0:
		38 <b>£</b>
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:	V. 100	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	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

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>	Type of Action
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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fective date, if other to a cifective date is listed, the	han the date of filing: date must be specific and ca	annot be prior to date	of filing or more than 90	(optional) ) days after filing.) Pu	rsuant to 605.0207
ote: If the date inserted in	in this block does not me on the Department of Sta	et the applicable sta	tutory filing requires	nents, this date wil	I not be listed as
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ecord specifies a delayed is filed.	feffective date, but not a	a effective time, at	12:01 a.m. on the ear	lier of: (b) The 90	
is med.					2025
		2025			
ited		——————————————————————————————————————			FEB

Typed or printed name of signee