## L04000085841

(R	Requestor's Name)
(A	Address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(D	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
None	
Name Availabi!li <b>ty</b>	
Document	
Updater	Office Use Only
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Actine la Jelnent	DCC
W. P. Verifyer	



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SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	PAWS FOR A M (Name of Lim	noment, LLC ited Liability Company)	(NEW NAME)
	es of Amendment and fee(s) are subr		
Please return all con	respondence concerning this matter t	to the following:	
	Joan	KOLINS	<del></del>
	(Na	ame of Person)	
	PAWS FOR	A MOMENT	<del></del>
	4560 CAZE	ES AUE	
<del></del>			
	NORTH PORT, (City/S	FL 34287	7 
	(City/S	state and Zip Code)	
For further informat	ion concerning this matter, please ca	all:	2005 FEB -9 SECRETARY
	Joan Kocins (Name of Person)		-26440
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check fo	or the following amount:		
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(1 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BOGEY'S PET WORLD, LLC (Present Name)	
	(Present Name) (A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on 11/29/04 and assigned	
	The Articles of Organization were filed on 11/29/04 and assigned document number 040000 85 841.	
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the lim liability company:	ited
	WE ARE CHANGING THE NAME OF The LLC to:	
	PAWS FOR A MOMENT, LEAFASSEE, FLORIDA	
Dated	2/7/05, 2005.	
	Signature of a member or authorized representative of a member  JOAN KOLINS  Typed or printed name of signee	

Filing Fee: \$25.00