# L0500053502

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## **CORPORATE**

When you need ACCESS to the world

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236 East 6th Avenue, Tallahassee, Florida 32303

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### **WALK IN**

	CERTIFIED COPY	
ŊĹ	РНОТОСОРУ	
	cus	
☑	FILING	Amendment
	PETPB LLC CORPORATE NAME AND DOCUMENT #)	
((	CORPORATE NAME AND DOCUMENT #)	
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#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 12, 2018

CORPORATE ACCESS, INC.

SUBJECT: PETPB, LLC

Ref. Number: L05000053502



We have received your document for PETPB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P97000001216 "GONE FISHING, INC.".

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 518A00014348

#### **COVER LETTER**

TO: Registration S Division of Co	ection rporations		
PETPB, L	LC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	William R. Bird, Jr.		
		Name of Person	
	South Milhausen, P.A.		
		Firm/Company	<del></del>
	1000 Legion Place, Suite	1200	
		Address	
	Orlando, FL 32801		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all;	
Bill Bird	Bird 407 539-1638 at ()		
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

18 JUL 13 AH & O4

PETPB, 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 Li	ability Company were filed on May 27, 2005	and assigned
Florida document number L05000053502	·	
This amendment is submitted to amend the folk		
A. If amending name, enter the new name of	the limited liability company here:	
CKSG, LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)		
	·	
B. If amending the registered agent and/	or registered office address on our records, er	nter the name of the ne
registered agent and/or the new registered of	nce address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	n
	City	aZip 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: 18 JUL 13 AM 9:04 MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action □ Add \_□ Remove \_\_\_\_\_ D Change \_\_\_\_\_ □ Remove ☐ Change \_\_\_\_\_ C) Add \_\_\_\_\_ 
Remove \_\_\_\_ 🔲 Remove \_\_\_\_\_ Remove \_\_\_\_\_ 🗀 Change 

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Page 3 of 3

Filing Fee: \$25.00