

L060000 81885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

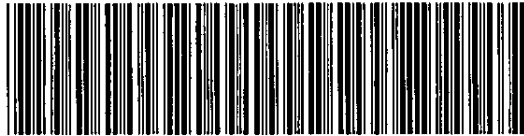
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800275968008

08/13/15--01019--013 **30.00

FILED
15 AUG 13 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 14 2015
J SHIVERS

9/1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Precious Pets of Ormond Beach
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:

Shawn Nicole Blouin
Name of Person

Precious Pets
Firm/Company

307 Water Oak LN
Address

Ormond Beach, Florida 32174
City/State and Zip Code

Preciouspetspa@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Nicole Blouin at (386) 227-2318 cell
Name of Person Area Code Daytime Telephone Number
386 566-5299 Bus.

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Precious Pets of Ormond Beach

(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 8-18-2006 and assigned Florida document number 406123001B L06000081885

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)

307 Water Oak LN
Ormond Beach FL 32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Shawn Nicole Blouin

New Registered Office Address:

307 Water Oak LN

Enter Florida street address

Ormond Beach, Florida 32174

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>	<u>Type of Action</u>
MGR	MARSHA HARTLEY	307 Water Oak Ln	<input type="checkbox"/> Add
		ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Remove
		307 Water Oak Ln	<input type="checkbox"/> Change
MGR	Shawn Nicole Blouin	Ormond Beach FL 32174	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


15 AUG 13 PM12:
DEPARTMENT OF
ALABAMA STATE FLO

15 AUG 13 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 8-10 2015

8-10 _____, 2015.



Signature of a member or authorized representative of a member

Shawn Nicole Blouin

Typed or printed name of signee