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## **COVER LETTER**

TO: Registration Section . Division of Corporations
SUBJECT: Rivers Edge Pet Rescrt  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:
Karen Spinelli Name of Person
Rivers Edge Pet Resort
12580 NUS HNY 301
Thonotosasca FL 33592 City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kaven Spinelli at (813) 986-1256  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

### 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

Kivers Edge tet Kesort LL	C
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	<u>ppears on our records.</u> ) any)
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\underline{LC700032342}$	n 1 3 2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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)	
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 registered agent and/or the new registered office address here:	s on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r Florida street address
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager .
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MCR	Jane Alston-Meyer	13580NUS Highway 301	□ Add
		Thonotosassa FL 33592	
			☐ Change
MGR	Karen Spinelli	12580 N. U.S. Highway 301	<b>X</b> Add
		Thunutosassa FL 33592	Remove
			□ Change
<u>1 MBR</u>	Alec Spinelli	12580 N US Highway 301	<b>S</b> (Add
		Thorotosassa FL 33592	Remove
AMBR	Patricia Spinelli	13580 NUS Highway 301	XAdd
		ThomotosassA FL 3359	_ □ Remove
			Change
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2: If the date inserted	in this block does no	ot meet the applic	able statutory fili	ng requirements, th	is date will not be
iment's effective date	on the Department of	of State's records.			
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ecord specifies a ne 90th day after			t an enective	time, at 12.01	a.m. on the ea
d July 3	Signature of	. 2017			
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Typed or printed name of signee

Filing Fee: \$25.00