107000080608

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800262386448

07/28/14--01031--005 **25.00

TAJUL 28 PH 1:45

JUL 2 9 2014

T. BROWN

TO: Registration Section Division of Corporations	, ¥
SUBJECT: Cloud K-9 LLC 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:	
Trisha Carlton Name of Person	
Cloud K-9 LLC Firm/Company	
8610 SW 25th Ave.	
Trenton FL 32693 City/State and Zip Code TrishaCarlton 1 @ yahoo. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Trisha Carlton at (904) 422 2552 Name of Person Area Code Daytime Telephone Number	

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT 14 JUL 28 PM 1:45 ARTICLES OF ORGANIZATION \mathbf{OF} ed 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 8/10/200 Florida document number L07000806.08 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 end with the words "Limited Liability Company," the designation "L.L.C" 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name <u>Address</u> **Type of Action** Richard D. Bauman 16193 NW 2010th Drive DADD High Springs, FL 32643t Remove AMBR Trisha Carlton _□ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Darla K. Bauman is selling Cloud K-9 LLC.
Trisha Carlton is purchasing Cloud K-9 LLC.
cloud K-9 LLC is keeping the same name
E. Effective date, if other than the date of filing:(optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated 7/24/14 . 2014.
Signature of a member or authorized representative of a member
Trisha Carlton Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00