

LO8000017631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

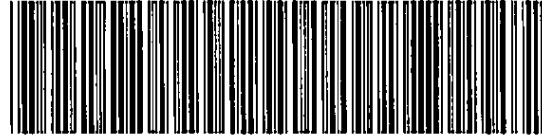
(Business Entity Name)

(Document Number)

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2016 SEP 24 AM 11:36

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SEP 24 2016

BRUCE
OCT 02 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Don's Dogs and More, 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:

Donald Carlson, Jr.

Name of Person

Don's Dogs and More, LLC

Firm/Company

4105 Mariner Blvd.

Address

New Port Richey, FL 34652

City/State and Zip Code

donandsherie@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald Carlson, Jr.

727

776-9530

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

FILED
2016 SEP 24 AM 11:36
TALLAHASSEE, FL
STATE OF FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Don's Dogs and More, 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 Liability Company were filed on 02/08/2008 and assigned
Florida document number L08000017631.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4105 Mariner Blvd.

New Port Richey, FL 34652

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:

4105 Mariner Blvd.

Enter Florida street address

New Port Richey

City

Florida

34652

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>
MGRM	Sherie M. Carlson		<input type="checkbox"/> Add
		1128 Mazarion Pl New Port Richey, FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Donald Carlson, Jr.		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		4105 Mariner Blvd. New Port Richey, FL 34652	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 20 SEP 24 AM 11:30
 COUNTY OF ALA.
 TALLAHASSEE, FL 32301

FILED
2018 SEP 24 AM 11:38
FEDERAL BUREAU OF INVESTIGATION
TALLAHASSEE FLORIDA

FILED
2018 SEP 24 AM 11:36
CLERK OF DISTRICT COURT
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 9/15/2018

mic. cat

Sherie M. Carlson

Filing Fee: \$25.00