

L08000018743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2011 SEP 19 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP 20 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMDH Enterprise, 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:

Cyndi Bontrager

Name of Person

CMDH Enterprise, LLC

Firm/Company

PO Box 15678

Address

Brooksville, FL 34604

City/State and Zip Code

cbontrager@spc-if.com

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

For further information concerning this matter, please call:

Cyndi Bontrager

at (813)

326-0712

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2011 SEP 19 PM 2:23

CMDH Enterprise LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 2-21-08 and assigned
Florida document number L08000018743

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 "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 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

Enter Florida street address

Florida

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Anglemye, Craig	6019 Cape Loop Land O Lakes, FL 34639	☐ Add ☒ Remove
MGR	Anglemyer, Craig	6019 Cape Loop Land O Lakes, FL 34639	☒ Add ☐ Remove
MGR	Cole & Carson, Inc.	PO Box 15678 Brooksville, FL 34604	☐ Add ☒ Remove
MGR	Southern Pet Containment	PO Box 15678 Brooksville, FL 34604	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA