L08000	088614
(Requestor's Name) (Address)	000267510990
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	12/19/1401015020 **43.75
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Division of Corporations Conting and Reveare Center LLC SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zorek Name of Person House loa Firm/Company acpon 1313 Spring 3 he used for future address: (to

For further information concerning this matter, please call:

at (<u>813</u>) <u>126-2639</u> 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 (adamonal copy is erclosec)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 31, 2014

SONYLA ZOREK 13131 TARPON SPRINGS RD ODESSA, FL 33556

20 E E E E E E E 1.1.1 (***) պ ŧ T 911 IO: 11 00

SUBJECT: THE DOG HOUSE BOARDING AND DAYCARE CENTER L.L.C. Ref. Number: L08000088614

We have received your document for THE DOG HOUSE BOARDING AND DAYCARE CENTER L.L.C. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 214A00027496

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallabassee Florida 32314

ARTICLES OF AMENDMENT
ТО
ARTICLES OF ORGANIZATION
OF
The Dog House Boarding and Pay care Center LLC (Name of the Limited Liability Company as it now appear on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $09/11/2008$ and ssigned Florida document number 108000088614 .
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 "LLC"
Enter new principal offices address, if applicable:

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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Bonyla Zorek	
New Registered Office Address:	Z Enter Florida street a	udress
	Cin	_, Florida

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 co-uply 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 A ent

Page 1 of 3

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	Address	Type of Action
MGR	Bonyla Zorek	13131 Tarpon Springs Odesser Fd 33556	hd Kodd
		Odesser Fd 33556	DFamove
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	ny other information, enter change(s) here: (Attac	
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The effective date	if other than the date of filing:	(optional) nd cannot be more than 90 days after
The effective date	must be specific, cannot be prior to date of receipt or filed date a	nd cannot be more than 90 days after

L

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Page 3 of 3 Filing Fee: \$25.00