

L09000024463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

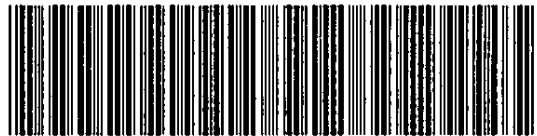
Special Instructions to Filing Officer:

A. LUNT

JUL 22 2009

EXAMINER

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07/20/09--01023--004 **30.00

FILED
2009 JUL 20 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOUG'S DOG KENNELS, 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:

WILLIE C. WILSON

Name of Person

DOUG'S DOG KENNELS, LLC

Firm/Company

502 W. COUNTY LINE RD.

Address

LUTZ FL 33543

City/State and Zip Code

doug207@verizon.net

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

BARBARA WILSON

Name of Person

at (813) 758-5867

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**

DUG'S DOG KENNELS, 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 3/12/09 and assigned
Florida document number L09000024463

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DUG'S DOG KENNELS LLC

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)

502 W. COUNTY LINE RD.

LUTZ, FL 33548

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

502 W COUNTY LINE RD.

LUTZ, FL 33548

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:

XENIA INGRAM

New Registered Office Address:

2310 STATE RD. 54 #108

Enter Florida street address

LUTZ

City

Florida 33549

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.

Xenia Ingram
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>WILSON, WILLIE C.</u>	<u>502 W. COUNTY LINE RD</u> <u>LUTZ, FL 33548</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>WILSON, WILLIE C.</u>	<u>23110 SR-54 #108</u> <u>LUTZ, FL 33549</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>WILSON, BARBARA</u>	<u>23110 SR-54 #108</u> <u>LUTZ, FL 33549</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

BUSINESS TELEPHONE NEW = 813-909-7636

BUSINESS TELEPHONE OLD = 813-991-1041

Dated

July 16, 2009

Wilson, Willie C.

Signature of a member or authorized representative of a member

WILLIE C. WILSON

Typed or printed name of signee

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TALLAHASSEE, FLORIDA
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