

LO9000041575

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(Address)

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(City/State/Zip/Phone #)

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DEC 23 AM 11:16  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

DEC 24 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LITTLE DOG DISTRIBUTOR, 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:

RALPH VANDERBEEK  
Name of Person

LITTLE DOG DISTRIBUTOR, LLC  
Firm/Company

7127 MILL POND CIRCLE  
Address

NAPLES, FL 34109  
City/State and Zip Code

VANDY7777@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH VANDERBEEK at 239, 940-5015  
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**

LITTLE DOG DISTRIBUTORS, 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 4/29/09 and assigned  
Florida document number L09000041575.

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)

09 DEC 23 AM 11:16	SECRETARY OF STATE DIVISION OF CORPORATIONS
PO BOX 111996 NAPLES, FL 34109	

**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:

RALPH VANDERBECK

New Registered Office Address:

7127 MILL POND CIRCLE

Enter Florida street address

NAPLES

City

Florida

34109

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.

[Signature]  
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	TODD BRADSHAW	5824 BEE RIDGE RD SUITE 173 SARASOTA, FL 34233	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DAY KELLER	27160 EDENBRIDGE CT BONITA SPRINGS, FL 34135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ALEXA VANDERBEEK	7127 MILL POND CIRCLE DADES, FL 34109	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RAS CAPITAL GROUP, INC	626 LONG ISLAND AVE DEER PARK, NY 11726	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TONY NOCITO	3241 Holmeville RD APT A9 Bensalem, PA 19020	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated DECEMBER 11, 2009

Signature of a member or authorized representative of a member

RALPH VANDERBEEK

Typed or printed name of signer

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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