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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

OCT 30 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Puptails, 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:

Louise LeBourdais

Name of Person

Puptails, LLC

Firm/Company

8049 Monetary Drive Suite D-1

Address

Riviera Beach, FL 33404

City/State and Zip Code

louise.lebourdais@flavorfulbeverages.com

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

For further information concerning this matter, please call:

Louise LeBourdais

Name of Person

at (561)

842-7978

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

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Puptails, LLC

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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>
MGR	Cheryl Klein	7470 Blue Heron Way West Palm Beach, FL 33412	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September 24, 2009.



Signature of a member or authorized representative of a member

Louise LeBourdais

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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