

LO9000093697

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(City/State/Zip/Phone #)

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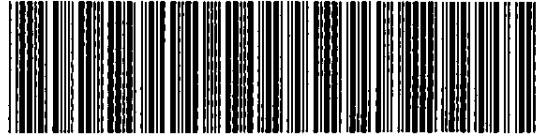
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**L. SELLERS**

DEC 10 2009

**EXAMINER**

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09 DEC -9 PM 8:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dogman Publications 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:

Andrew Green

Name of Person

Firm/Company

900 NW 201st Street

Address

Miami, FL 33169

City/State and Zip Code

Bemyline30uth@aol.com

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

For further information concerning this matter, please call:

Andrew Green

Name of Person

at ( 954 ) 592-8323 OR 305-467-4970

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**

Dagman Publications 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 9/29/09 and assigned Florida document number LO9000093697.

This amendment is submitted to amend the following:

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

Checks R' Us 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)

2725 South State Rd 7  
West Park, FL 33083

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

900 NW 201st Street  
Miami, FL 33169

**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:

Denise Clarke

New Registered Office Address:

2725 S. State Rd 7

Enter Florida street address

West Park

, Florida

City

33083

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.

Denise Clarke  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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>Joyce Plummer</u>	<u><del>2725</del> 4020 NW 93rd way</u> <u>Sunrise, FL 33351</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>mGR</u>	<u>Fabian Chester</u>	<u>2725 S. State Rd 7</u> <u>WEST HICK FL 33351</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.)

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

Dated \_\_\_\_\_, \_\_\_\_\_.

Joyce Plummer  
Signature of a member or authorized representative of a member

Joyce Plummer  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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