

209000 107509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

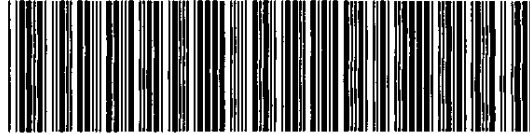
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J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Camden Pet Naturals, 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:

Vivian V. Garcia

Name of Person

Camden Pet Naturals, LLC

Firm/Company

3825 Beck Blvd., Ste. 701

Address

Naples, FL 34114

City/State and Zip Code

info@camdenpetnaturals.com

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

For further information concerning this matter, please call:

Vivian V. Garcia

305

742-4898

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Camden Pet Naturals, 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 11/6/2009 and assigned
Florida document number L09000107509.

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 contain 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)

3825 Beck Blvd., Ste. 701

Naples, FL 34114

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3825 Beck Blvd., Ste. 701

Naples, FL 34114

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:

Vivian V. Garcia

New Registered Office Address:

3825 Beck Blvd., Ste. 701

Enter Florida street address

Naples

Florida 34114

City

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 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 Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Vivian V. Garcia	3825 Beck Blvd., Ste. 701	<input type="checkbox"/> Add
		Naples, FL 34114	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Maria C. Garcia	3825 Beck Blvd., Ste. 701	<input type="checkbox"/> Add
		Naples, FL 34114	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

As the new Registered Agent of Camden Pet Naturals, LLC I accept the appointment. I am familiar with and accept the obligations of the position.

Vivian V. Garcia, 6/23/16

Vivian V. Garcia

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 23, 2016

Vivian V. Garcia

Signature of a member or authorized representative of a member

Vivian V. Garcia

Typed or printed name of signee

16 JUN 28 AM 11:16
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE