

LD9000117730

(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:

Office Use Only



400165693254

01/19/10--01010--018 **30.00

FILED
2010 JAN 19 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JAN 20 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIVE PAWS MARKETING INNOVATIONS 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:

KAREN R COPELAND

Name of Person

KAREN R COPELAND & ASSOCIATES, PA

Firm/Company

260 PLAZA DR

Address

OVIEDO, FL 32765

City/State and Zip Code

KRCCPA@AOL.COM

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

For further information concerning this matter, please call:

KAREN R COPELAND

Name of Person

at (407)

365-2909

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

FILED

2010 JAN 19 PM 4:39

FIVE PAWS MARKETING INNOVATIONS LLC SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records) E. FLORIDA
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 10, 2009 and assigned
Florida document number L09000117730.

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)

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: HOLLY G BROWN-TABBENOR

New Registered Office Address: 1006 PANTHER ST

Enter Florida street address

OVIEDO, Florida 32765
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 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.


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:

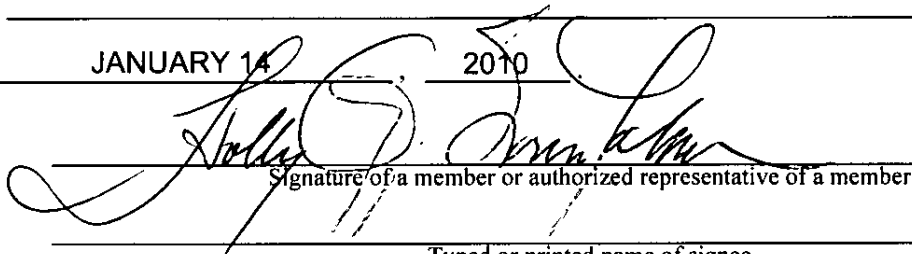
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HOLLY G TABBENOR-BROWN	1006 PANTHER ST OVIEDO, FL 32765	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HOLLY G BROWN-TABBENOR	1006 PANTHER ST OVIEDO, FL 32765	<input checked="" 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 JANUARY 14 2010


Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
2010 JAN 19 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA