## 400000 10092

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000331077980

07/01/19--01023--014 \*+25.00

SECKE WBA OF 24VIE SECKE WBA OF 24VIE

19 JUL -1 AH 8: 09

TACHROEDER

## **COVER LETTER**

Div	ision of Corp	orations		
TUBIFCT.		T SITTER, LLC		r
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for thing.	
Please return	all correspor	idence concerning this matter	to the following:	
		CHRISTINE BARLOW		
			Name of Person	<u> </u>
			Firm/Company	<del></del>
		2615 N GRADY AVE, AF	PT 4213	
			Address	
		TAMPA, FL 33607		
			City/State and Zip Code	
		chris.barlow@floridamoves	com to be used for future annual report notifi	(material)
				icación j
For further it	nformation co	incerning this matter, please ca	all:	
CHRISTINE	EBARLOW		813 766-7387 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25,00 F	iling 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
	MAILI	NG ADDRESS:	STREET/COURI	FR ADDRESS:

**Registration Section** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUSSIE PET SITTER, LLC

(A Florida Limited Liabili	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were Florida document number £10000010092	e filed on 01/27/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
CHRISTINE BARLOW, LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," 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:	
-	577
-	77. 29 7. 20 7. 20
Mailing address MAY BE A POST OFFICE BOX)	
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office	
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
(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
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the
registered agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the

## 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>	Address	Type of Action
			□ Remove
			☐ Change
			Add
			□ Remove
			D Change
			□ Add
			☐ Remove
			Change
			El-Add;
			Remove
			© G G Change
			Pemove
			Change
			Remove
			Clumge

	· · · · · · · · · · · · · · · · · · ·				<u></u>		
	_		<u> </u>				
				, <b></b>			
							_
							<del></del>
			<del>-</del>		<u>.                                    </u>		<del>_</del>
			-			<del>} 5</del>	
		<del></del> ,			3 >		— <del></del>
					) <del>*</del> 55 55	<u> </u>	
							7
		<del></del>	•			<u>\(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\)</u>	— <u> </u>
				<del></del>	<del>-</del> 5	(G)	<del></del> -
				<u> </u>	45>		
fective date, if other than the one effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	ck does not me	et the applica	o date of filing oble statutory f	or more than <sup>60</sup> da Hing require mer	(optional) ys after filing ) h its, this date w	Pursuant to iH not be I	605,02 listed
record specifies a delayed The 90th day after the reco		ite, but not	an effectiv	e time, at 12	::01 a.m. oi	n the ea	rlier
JUNE II		2019					
······			<u> </u>				
	// // -						

Page 3 of 3

Filing Fee: \$25.00