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SECRETARY OF STATE
ALLAHASSEE, FLORID

C. LEWIS

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EXAMINER

COVER LETTER

TO:	Registration S Division of Co		•		
enio ie	Linda's Pot Sitting LLC				
SUBJE	Name of Limited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please 1	return all corresp	ondence concerning this matter	to the following:		
		Linda Peckham Name of Person			
		L	inda's Pet Sitting LLC		
			Firm/Company		
		····	11440 Lake Drive Address		
	Leesburg, Florida 34788				
		Linda	City/State and Zip Code sPetSitting@comcast.net		
For furt	ther information	E-mail address: (concerning this matter, please o	to be used for future annual report notification)		
		nda Peckham	at (352) 223-5331	···	
	Name	of Person	Area Code & Daytime Telephone Number		
Enclose	ed is a check for t	he following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &	
	Regisi Divisi P.O. E	LING ADDRESS: cration Section on of Corporations Box 6327 assee, 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 MAY 27 PM 1 42

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<u></u>	nda's Pet Sitting	SECRETARY OF STATE
(<u>Name of the Limited Lia</u> (A Flo	<u>bility Company as it now appears</u> rida Limited Liability Company)	on our records. ALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liabil Florida document number		March 29, 2010 and assigned
Piorida document number	·•	
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	limited liability company here	:
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the name of the new
registered agent and/or the new registered office	audress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Ent	er Florida street address
		, Florida
_	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 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 **Type of Action** Title Name 1 <u>Address</u> Kevin S Peckham MGR ☐ Add 11440 Lake Drive Leesburg, FL 3478 Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Linda Peckham

Typed or printed name of signee