000083858

(Requestor's Name)
(Address)
•
(Address)
(188.333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Document vumber)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
·
,

Office Use Only



900184938599

09/07/10--01040--011 **25.00

S. HAWKES SEP 08 2010 **EXAMINER**

COVER LETTER

LLC
ty Company
filing.
owing:
e of Person
Products LLC
Federal Hwy
dale FL 33304 e and Zip Code
dog gystore. com
(954) 828 9229 Area Code & Daytime Telephone Number
DO Filing Fee & S60.00 Filing Fee, ctified Copy ditional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
00 Filing Fee & \$\ \tag{\$60.00 Filing Fee,}\$\ \text{Certificate of Status & Certified Copy}\$

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

PRE Pet Produ (Name of the Limited Liability Compar (A Florida Limited L	C + S L L C ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 08/10/2000 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
Brothers Grain	Free LLC
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	917 North Federal Highwa Fort Lauderdale FL
(Principal office address MUST BE A STREET ADDRESS)	
	3330-
Enter new mailing address, if applicable:	917 North Federal Highway
(Mailing address MAY BE A POST OFFICE BOX)	917 North Federal Highway Fort Lauderdale FL 33304
	33304
B. If amending the registered agent and/or registered off	
registered agent and/or the new registered office address here	:
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	Elovido
	, Florida

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>	Address	Type of Action		
<u></u>			Add		
			Add Remove		
			∆d d		
			Remove SEP		
			Add m PR Repove		
			三 5 5 5 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8		
			Remove		
			Add ∏Remove		
D. If amer	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	—		
_			_		
_			-		
_			_		
Dated	ww.				
	Signature of a member	or authorized representative of a member or printed name of signee			
	Typed	or printed name of signee	<u></u>		

Page 2 of 2

Filing Fee: \$25.00