

L11000091937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

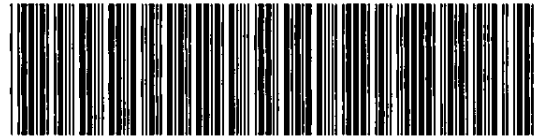
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/12/12--01005--004 \*\*55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 OCT 12 PM 2:43

FILED

J. BRYAN

OCT 15 2012

EXAMINER

Florida Department of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, FL, 32314  
ATTN: Registration Section

10-09-12

RE: Amend the Articles of Organization - Name change for LLC

Attention Registration Section:

Please change the name of our LLC.

FROM: Caribbean Canines LLC  
TO: Lemon Bay Enterprises LLC

Enclosed:

- Completed Amendment form for name change
- Copy of Certificate of Status for Caribbean Canines LLC

If you have any questions, please feel free to contact me at 508-454-6081.

Sincerely;



James Botelho  
1966 Greenlawn Drive  
Englewood, FL, 34223  
508-454-6081  
lemonbayenterprises@gmail.com

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2012 OCT 12 PM 2:43  
TALLAHASSEE, FL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Caribbean Canines 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:

**James Botelho**  
Name of Person  
**Caribbean Canines LLC**  
Firm/Company  
**1966 Greenlawn Drive**  
Address  
**Englewood, FL, 34223**  
City/State and Zip Code  
**lemonbayenterprises@gmail.com**  
E-mail address: (to be used for future annual report notification)

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OCT 12 PM 2:43  
TALLAHASSEE, FL  
SECRETARY OF STATE

For further information concerning this matter, please call:

**James Botelho** at ( **508** ) **454-6081**  
Name of Person 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



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

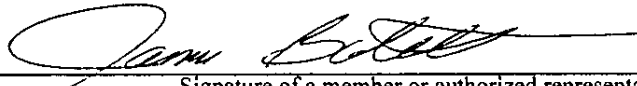
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>   |
|--------------|-------------|----------------|---|
| <u>N/A</u>   | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
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| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
 2012 OCT 12 PM 2:43  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 AND BUSINESS REGISTRATION

Dated October 9, 2012

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 \_\_\_\_\_  
 James Botelho  
 \_\_\_\_\_  
 Typed or printed name of signee