

L11000134874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

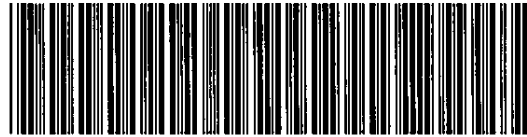
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/22/14--01004--020 **25.00

FILED

14 OCT -9 PM 2:25

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

OCT 10 2014

T. BROWN

~~21111-58743~~

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Four Paws, 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:

Jonathan Mendez
Name of Person

Four Paws
Firm/Company

6538 Collins ave #85
Address

Miami Beach, FL, 33141
City/State and Zip Code

~~XXXX~~ JLRJmendez@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2014

JONATHAN MENDEZ
FOUR PAWS LLC
6538 COLLINS AVE #85
MIAMI BEACH, FL 33141

SUBJECT: FOUR PAWS LLC
Ref. Number: L11000134874

We have received your document for FOUR PAWS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 214A00020602

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Four Paws LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 OCT -9 PM 2:25
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/30/2011 and assigned
Florida document number L11000134874.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Four Paws Pet Care LLC

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)

6538 Collins ave Suite 85
MIAMI Beach, FL, 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6538 Collins ave Suite 85
MIAMI Beach, FL, 33141

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:

Jonathan L Mendez

New Registered Office Address:

6538 Collins Ave Suite 85

Enter Florida street address

MIAMI Beach

City

Florida

33141

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 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.

Jonathan Mendez
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	Jonathan L Mendez	1738 marseille Dr #3	<input type="checkbox"/> Add
		Miami Beach, FL, 33141	<input checked="" type="checkbox"/> Remove

AMBR	Jonathan L Mendez	6538 Collins ave suite 85	<input checked="" type="checkbox"/> Add
		miami Beach, FL, 33141	<input type="checkbox"/> Remove

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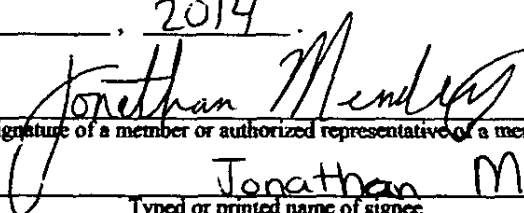
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 2nd, 2014.



Signature of a member or authorized representative of a member

Jonathan Mendez

Typed or printed name of signer