

L12000053225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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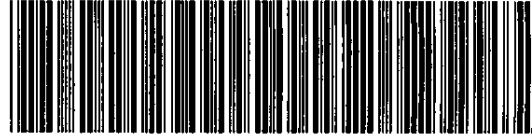
(Business Entity Name)

(Document Number)

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S Warren

AUG 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The WIZARD OF 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:

~~Fusae Rogers~~ Bonnie R. Green

Name of Person

The WIZARD OF PAWS LLC

Firm/Company

7114 9th Ave North

Address

Saint Petersburg, FL 33710

City/State and Zip Code

Bonnie.green29@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie R. Green

Name of Person

at (727) 804-6363

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The WIZARD OF PAWS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 4/19/2012 and assigned
Florida document number L12000053225

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7114 9th Ave North

Saint Petersburg, FL

33710

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAB

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:

Fusae Rogers

New Registered Office Address:

7114 9th Ave N.

Enter Florida street address

ST Pete

City

Florida

FL 33713

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.

Fusae Rogers

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>	<u>Address</u>	<u>Type of Action</u>
<u>OWNER</u>	<u>Donaie R. Green</u>	<u>H- 4846 12th Ave N.</u>	<input type="checkbox"/> Add
		<u>7114 9th Ave N. ST. Pete</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33710</u>	<input type="checkbox"/> Change
<u>OWNER</u>	<u>Fusae Rogers</u>	<u>7114 9th Ave North</u>	<input checked="" type="checkbox"/> Add
		<u>ST. Pete, FL 33710</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 LAND SEC. FLORIDA

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8/1/2016

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of the contractor

Brunn R. Green

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TAMMASEE, FLORIDA