

412000098862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

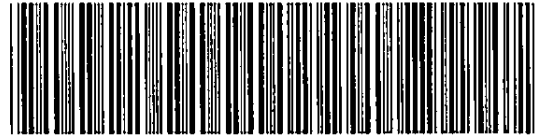
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
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17 DEC -1 AM 9:07

**COVER LETTER**

**To: Registration Section  
Division of Corporations**

**SUBJECT:** DOG DAYS & CAT NAPS, 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:

John Paolo Anunciacion  
Name of Person

Dog Days & Cat Naps, LLC  
Firm/Company

475 W Town Place, Suite 205L  
Address

Saint Augustine, FL 32092  
City/State and Zip Code

Jaypee0501@yahoo.com  
Email Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Paolo Anunciacion at ( 561 ) 676-6377  
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 Corporation 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**

DOG DAYS & CAT NAPS, L.L.C.

(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 08/01/2012 and assigned Florida document number 1.12000098862.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

475 W Town Place, Suite 205L

(Principal office address MUST BE A STREET ADDRESS)

Saint Augustine, FL 32092

Enter new mailing address, if applicable:

475 W Town Place, Suite 205L

(Mailing address MAY BE A POST OFFICE BOX)

Saint Augustine, FL 32092

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STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

**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:

Richard Rose

New Registered Office Address:

6118 Barbara St.

*Enter Florida street address*

Palm Beach

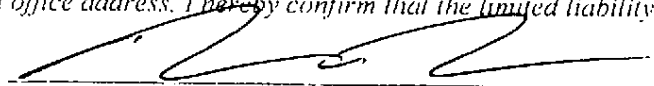
Florida 33458

*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 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.*

  
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>
MGR	John Paolo Galvez Anunciacion	217 FORTUNA DRIVE	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Remove
MGR	John Paolo Galvez Anunciacion	475 West Town Place Suite 2051.	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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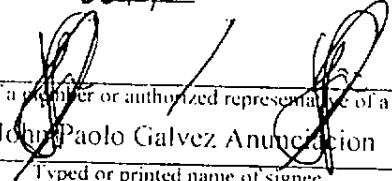
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 27th November 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
John Paolo Galvez Anunciacion  
\_\_\_\_\_  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA