

L13000014133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

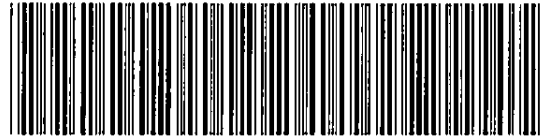
(Business Entity Name)

(Document Number)

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09/03/24--01043--007 **30.00

SEP 03 2024
3:17 PM
STATE
FL

R. HUNT

09/03/24

8/26/24

Please see attached request
to Amend Articles of LLC -
Wag Watchers LLC.

If you have any questions
please feel free to call me
Anne Porter 941 204 0723

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WAG WATCHERS, 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:

ANNE M PORTER

Name of Person

WAG WATCHERS, LLC

Firm/Company

2200 KINGS HWY. BLDG 3-L PMB 48

Address

PORT CHARLOTTE, FL 33980

City/State and Zip Code

SHELLY@WAGWATCHERS.COM

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

For further information concerning this matter, please call:

ANNE M PORTER

941 204-0723

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

WAG WATCHERS, 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 03/28/2024 and assigned
Florida document number L13000014133.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5047 SILVER BELL DR

PORT CHARLOTTE, FL 33948

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2200 KINGS HWY

BLDG 3L PMB 48

PORT CHARLOTTE, FL 33980

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:

ANNE M PORTER

New Registered Office Address:

5047 SILVER BELL DR

Enter Florida street address

PORT CHARLOTTE

Florida 33948

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 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>
MGR	CHARLES BABINS	2200 KINGS HWY. BLDG 3-L STE 48/	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANNE M PORTER	5047 SILVER BELL DR	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

*deceased Death
Certificate attached*

MISSISSAUGA, ONTARIO
L4W 1M7

2020-07-17

7-3 PM 3:17
STATE
HASBEE, FL

FD-302 (Rev. 11-27-70)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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.

Dated August 26, 2024
Anne M. Porter
 Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00