

U17000155680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

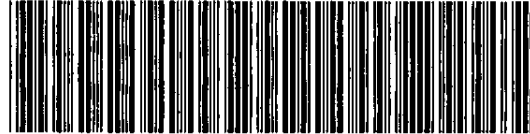
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800269710538

02/23/15--01021--001 \*\*35.00

FILED  
15 JUL 30 AM 7:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 03 2015  
J SHIVERS

707



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2015

MICHAEL TRATTNER  
2335 JANET ST  
KISSIMMEE, FL 34741

SUBJECT: PALM K9 & SECURITY SERVICES LLC  
Ref. Number: L13000155080

We have received your document for PALM K9 & SECURITY SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 715A00004445

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Palm K9 & Security Services LLC

DOCUMENT NUMBER: L13000155080

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Trattner

Name of Contact Person

Palm K9 & Security Services LLC

Firm/ Company

2335 Janet St.

Address

Kissimmee, FL 34741

City/ State and Zip Code

mtrattner@palmsecurityservices.com

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

For further information concerning this matter, please call:

Michael Trattner

Name of Contact Person

at ( 407 )

781-7901

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Palm K9 Security Services 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 11/4/2013 and assigned  
Florida document number L13000155080.

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)

4063 N. Goldenrod Rd.  
Suite 209  
Winter Park, FL 32792

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1772 Van Gogh Dr.  
Auburndale, FL 33823

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:

New Registered Office Address:

Michael Trattner  
4063 Goldenrod Rd. Suite 209  
Winter Park Florida 32792  
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.

[Signature]  
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	Michael Palmere	6300 Nightwind Cr.	<input type="checkbox"/> Add
		Orlando, FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael Trattner	1772 Van Gogh Dr.	<input checked="" type="checkbox"/> Add
		Auburndale, FL 33823	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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)

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 on the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated July 27<sup>th</sup>, 2015

Mr. F. L.

Michael Palmer  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

15 JUL 30 7:17 PM

68-0239 (3)(b)  
not be listed under the earlier or: