

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<del>-                                    </del>		
<b>(</b> B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
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## COVER LETTER

	gistration Sec ision of Corp			
A171, 112280		OPERTIES, LLC		
SUBJECT:	_	Name of Lim	ited Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for tiling.	
Please return	all correspon	dence concerning this matter	to the following:	
		DIANA BOOTH		
			Name of Person	
			Firm/Company	
		6564 SUPERIOR AVE		
			Address	
		SARASOTA, FL 34231		
			City/State and Zip Code	<del></del>
		PAWSHPETGROOMING		
			to be used for future annual report noti	dication)
For further in	nformation co	neerning this matter, please ca	ill:	
BRIAN PAI	LMER, CPA		941 922-4744 at ( )	
	Name of	Person	at () Area Code Daytim	Telephone Number
Enclosed is a	a check for the	e following amount:		
<b>≘</b> \$25,00 F	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

	City	Zip Code
	SARASOTA	, Florida <sup>34233</sup>
	Enter :	Florida street address
New Registered Office Address:	5652 MARQUESAS CIR	
Name of New Registered Agent:	PALMER ACCOUNTING GR	OUP, INC.
B. If amending the registered agent and registered agent and/or the new registered of	• •	on our records, enter the name of the new
(Mailing address MAY BE A POST OFFICE	<u></u>	
Enter new mailing address, if applicable:		
	<del></del>	
(Principal office address MUST BE A STRE	ET ADDKESS)	
Enter new principal offices address, if appli	<del>"-</del> -	
		PI
The new name must be distinguishable and contain the	words "Limited Liability Company," if	ne designation "LLC" or the abbreviation "FAC."
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
This amendment is submitted to amend the fol	lowing:	
Florida document number L14000008410	<del></del> ,	
The Articles of Organization for this Limited I		and assigned
		01/15/2014
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
BOOTH PROPERTIES, LLC		

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.

H 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>	Address	Type of Action
AMBR	BRIAN BOOTH	6564 SUPERIOR AVE	
		SARASOTA, FL 34231	<b>■</b> Remove
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F ffective	date, if other th	an the date of fi	ling:		(opt	tional)	
II an effecti <u>Note:</u> If t	we date is listed, the the date inserted in	date must be specific	and cannot be prio of meet the appli	r to date of filing or cable statutory fil:	more than 90 days aft	er filing ) Pursuant to 6 iis date will not be li	05.0207 (3 isted as th
he recor The 90	d specifies a d Oth day after t	elayed effectiv he record is file	e date, but no ed.	ot an effective	time, at 12:01	a.m. on the ear	lier of:
Dated	AUGUS	T 28	. 2017				
••							
		LUVUPOCH Signature d	4				

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Typed or printed name of signee

Filing Fee: \$25.00