14000013136

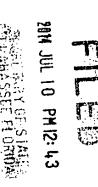
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



300261719803

07/10/14--01002--007 **25.00



D. BRUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Courting Canines

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:

Pamela C. Gordon

Name of Person

Courting Canines, LLC

Firm/Company

401 E. 1st Street, Unit 1052

Address

Sanford, FL 32772

City/State and Zip Code

courtingcanines@yahoo.com

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

For further information concerning this matter, please call:

Pamela C. Gordon

,407 ,547-7713

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Courting Canines, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Clability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000013136</u>	were filed on January 14, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	401 E. 1st Street	
(Principal office address MUST BE A STREET ADDRESS)	Unit 1052	
	Sanford, FL 32772	
Enter new mailing address, if applicable:	P.O. Box 1052	
(Mailing address MAY BE A POST OFFICE BOX)	Sanford, FL 32772	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	e: Enter Florida street address , Florida	the name of the ne
	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mrs.	Pamela C. Gordon, AMBR	429 Fairfield Drive	≡ Add
		Sanford, FL 32771	Remove
			□ Add
			□ Remove
			□ Remove
			Remove
			Remise
			□ Add
			☐ Remove
			····

D. If amending any other information, enter change(s) here: (Attach of	additional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and date of receipt or filed date or filed date and date of receipt or filed date or	(optional)
the date this document is filed by the Florida Department of State)	cannot be more than 70 days area
Dated July 7 2014.	
January 1000	
Signature of a member or huthorized peprese	entative of a member
Pamela C. Gordon	
Typed or printed name of si	gnee

Page 3 of 3

Filing Fee: \$25.00

