

L14000034994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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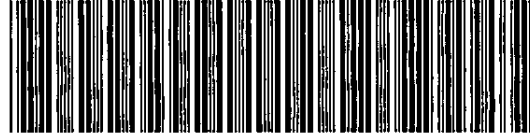
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Oulligan JAN 12 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMERICAN GRAVE GROOMERS  
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:

Robert A. REED  
Name of Person  
AMERICAN GRAVE GROOMERS  
Firm/Company  
6515 15<sup>th</sup> ST. E LOT G12  
Address  
SARASOTA FLA 34243  
City/State and Zip Code  
robert.reed1964@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert REED at (941) 256-1056  
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**

**FILED**

AMERICAN GRAVE GROOMERS, LLC **16 JAN 11 PM 2:19**

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

CLERK OF STATE  
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/3/2014 and assigned  
Florida document number 214000034994

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Robert A. REED

New Registered Office Address:

6515 15<sup>th</sup> ST. E LOT G12

Enter Florida street address

SARASOTA

City

Florida 34243

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>
<del>PR</del> MGR	KEVIN HARP	8131 Vineland Ave Ste 121	<input type="checkbox"/> Add
		ORLANDO FL 32821	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEVIN HARP	5480 DEER CREEK	<input type="checkbox"/> Add
		ORLANDO FL 32821	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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.

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

1-7-16

Signature of a member or authorized representative of a member

Robert A. Reel  
Typed or printed name of signee