

L14000142306

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 25 2014
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hope n Love Animal Hospital 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:

Dr Michael Adams

Name of Person

Firm/Company

110 16th Ave SW

Address

Belleair Beach, FL 33786

City/State and Zip Code

matthew.adams.319@gmail.com

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

For further information concerning this matter, please call:

Dr Michael Adams

at (

727 560-6555

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Hope N Love Animal Hospital 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 Sept 11, 2014 and assigned
Florida document number L14000142306.

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TALLAHASSEE FLORIDA

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 end with 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:

Dr. Michael Adams

New Registered Office Address:

110 16th Ave SW

Enter Florida street address

Belleair Beach

City

Florida 33786

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 609, 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
CEO	Adams LLC	2840 W Bay Drive #167 Belleair Bluffs, FL 33770	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Dr. Michael Adams	110 16th Avenue SW Belleair Beach, FL 33786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MBR	Hope Adams	110 16th Avenue SE Belleair Beach, FL 33786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MBR	Matthew Adams	2840 W Bay Drive, #167 Belleair Bluffs, FL 33770	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 18, 2014



Signature of a member or authorized representative of a member

Dr. Michael Adams

Typed or printed name of signer

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