L15000014952

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COVER LETTER

TO:	Registration Se Division of Cor	ction porations	Q 4 4	• •
SUBJE		lanning, LLC		•
SOBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Ilana Mobley		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		FairyTail Planning		
			Firm/Company	
		160 Woodcutter Lane		
			Address	
		Palm Harbor, FL 34683		
		fairytailplanning@gmail.co	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please ca	all:	
Ilana M	obley		813 701-9663 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e following amount:		
\$2 5.	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 ORGANIZATION OF

FairyTail Planning, 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 ______ and assigned Florida document number ______L15000044952 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FairyTail Pet Care LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3602 N Arlington Ave. Enter new principal offices address, if applicable: Tampa, FL 33603 (Principal office address MUST BE A STREET ADDRESS) 3602 N Arlington Ave Enter new mailing address, if applicable: Tampa, FL 33603 (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: New Registered Office Address: Enter Florida street address _, Florida ___ City

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

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
		 	□ Add		
			□ Remove		
			Change		
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_ Change

	
	
	
	
	
	
Iffective 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	nt to 605 0207 /3
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	t be listed as the
locument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier of:
January 12th 2018 Pated	
clleva Mobble	
Signature of a member or authorized representative of a member	
Ilana Mobley	
Typed or printed name of signee	

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Filing Fee: \$25.00