## L15000108931

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SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration Se Division of Cor				
CHID IE		efoot Golden Retrievers, LLC			
SUBJEC	∠I; <u></u>	Name of Lim	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Tiffany Campbell			
			Name of Person		_
		Barefoot Golden Retriever	rs, LLC		
2475 Coach House Lane					
			Address		
		Naples, FL 34105			7A.: 21
			City/State and Zip Code		2016 NOV SECRETA
		Tiffany@pawsassistancedo	<del>-</del>		HAN SO
For furth	er information c	e-mail address: (	to be used for future annual	report nonneation)	TARY O
Tiffany Campbell			239 200 at ( )	0 -3532	OF STATE
	Name o	f Person	Area Code	Daytime Telephone Number	DA I
Enclosed	l is a check for th	ne following amount:			
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificat closed) Certified	e of Status &
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	Registrat Division Clifton B 2661 Exe	T/COURIER ADDRESS: ion Section of Corporations stuilding centive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barefoot Golden Retrievers, 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  $\frac{6/23/2015}{1}$ and assigned Florida document number L15000108931 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A 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

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
MGR	Jeannie C. Bates	2475 Coach House Lane	
		Naples, FL 34105	Remove
			Change
MGR	Georjean A. Ciulla	2475 Coach House Lane	Add
		Naples, FL 34105	Remove
			Change
			Add
			□ Remove
		<del></del>	
			Add Add Perform Add Remove
			SSEE OF D Change
			□ Remove
			Change
			Add
			Remove
			Change

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	2016 SEUS LA
F ffec	tive date, if other than the date of filing:
(If an e Note:	frective date, if other than the date of filing:
	and a control was control population of plane a cotonial.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	i <u>11/10/16</u> ,
	Jeanne C. Betu
	Gearming C. Bester. Signature of a member or authorized representative of a member

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Filing Fee: \$25.00