116000185109

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA
TO MAY -1 PM 4: 02

NAY 03 2017 S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp		e e e e e e e e e e e e e e e e e e e	4,	
CUDI		lking Pet Services, LLC			
SUBJ	EC1:	Name of Lim	ited Liability Company		
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspor	idence concerning this matter	to the following:		
		Bonnie L. Jones			
		***************************************	Name of Person		more to
		Let's Go Walking Pet Serv	rices, LLC		THE SECOND
			Firm/Company		支票
		P.O. Box 952922			- SSEE
			Address		PA TO
		Lake Mary, FL 32795			THAY -1 PH 4: 02
			City/State and Zip Code		
		Bjones1886@gmail.com			
			to be used for future annual report notif	heation)	
For fu	rther information co	ncerning this matter, please ca	all:		
Bonni	e L. Jones		407 595-1886 at ()		
	Name of	Person	Area Code Daytimo	e Telephone Number	
Enclos	sed is a check for the	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 St Certified Copy (additional copy is e	atus &

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

Let's Go Walking Pet Services, 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 10/05/16 and assigned Florida document number L16000185109 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ellen J. Marshall	786 Evert Court	
		Winter Springs, FL 32708	Remove
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fective date, if other than the neffective date is listed, the date m	ne date of filing: tust be specific and cannot b	e prior to date of fi	ing or more than 9	(optional) 0 days after filing.) l	Pursuant to 605.020
te: If the date inserted in this becament's effective date on the	block does not meet the	applicable statuto			
record specifies a delaye		ut not an effe	ctive time, at	12:01 a.m. o	n the earlier o
The 90th day after the re	cord is filed.				
ted April 27	2017				
		: nin / Jouns			
	Knul	110 1100			
	Signature of a member of	r authorized repres	sentative of a mem	ber	

Page 3 of 3

Filing Fee: \$25.00