

L16000229918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

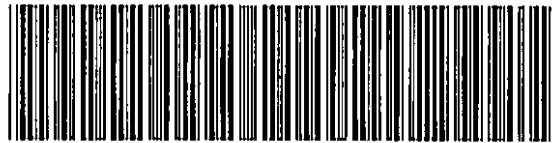
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Stacy left VM on 5/8/19
to give permission to add
the suffix LLC to company
name.

Office Use Only



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04/25/19 -01009--016 *\$30.00

FILED
19 APR 25 PM 6:46
CLERK OF COURT
HALL COUNTY, GEORGIA

O SIMMONS

MAY 09 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2019

STACEY TAYLOR
205 HUNTER DR
CRESTVIEW, FL 32539

SUBJECT: TAYLOR'D TOUCH CANINE MASSAGE, LLC
Ref. Number: L16000229918

We have received your document for TAYLOR'D TOUCH CANINE MASSAGE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 219A00007609

DIVISION OF CORPORATIONS

♦ Taylor'd Touch Canine Massage

SUBJECT: _____

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:

Stacey Taylor

Name of Person

Taylor'd Touch Canine Massage

Firm/Company

205 Hunter Dr

Address

City/State and Zip Code

Crestview, FL, 32539

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

For further information concerning this matter, please call:

Stacey Taylor

850

826-0914

at (_____) _____

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**

Taylor'd Touch Canine Massage

(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 Dec 21 2016 and assigned
Florida document number L16000229918

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Taylor'd Touch Canine Therapeutic Massage LLC

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)

205 Hunter Dr

Crestview, FL 32539

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

205 Hunter Dr

Crestview, FL 32539

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FLORIDA

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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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APR 25 PM 6 46
TALLAHASSEE, FLORIDA

E. Effective 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 to 605.0207 (3)(b)

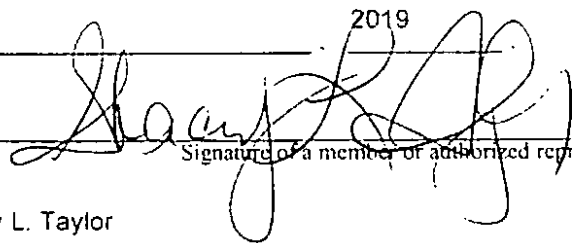
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 8 April

2019


Signature of a member or authorized representative of a member

Stacey L. Taylor

Typed or printed name of signee