## 17000008698

(Requestor's Name)
(Address)
, ,
(Address)
(City/Sta <del>te/Zip</del> /Phone #)
(City/Sarte/Zipuz Horre #)
PICK-UP WAIT ) MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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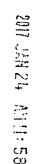


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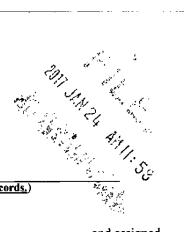
## **COVER LETTER**

Division of Co			
Sharkdog SUBJECT:	LLC		
Jobbett	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Micah Folsom		
		Name of Person	<del>.</del>
	Sharkdog LLC		
		Firm/Company	
	3045 Peach Drive		
		Address	
	Jacksonville FL 32246		
	<u> </u>	City/State and Zip Code	<del></del> -
	sharkdogcart@gmail.com		· · · · · · · · · · · · · · · · · · ·
		to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Micah Folsom		904 307-4456	
Name	of Person	at () 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



Sharkdog LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(// Florida	Zimios ziacini, company)	and the second
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000008698</u>	ompany were filed on 1/11/17	and assigned
This amendment is submitted to amend the following:	<u>-</u> `	
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	ered office address on our records	enter the name of the ne
registered agent and/or the new registered office addr		onter the mame of the his
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	<del></del>	ida Zip Code
	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>	Address	Type of Action
AMBR	Micah Folsom	3045 Peach DR., Jacksonville, FL	
			☐ Remove
			Change
AMBR	Ronald Hinton	3045 Peach DR., Jacksonville, FL	Add
			Remove
			Change
			Add
			Remove
	· · · · · · · · · · · · · · · · · · ·	Change	
			Add
			Remove
			Change
<del> </del>			
			Remove
			Change
			Add
		<del></del>	□ Remove
			Change

	on, enter change(s) here: (Attach ad				
		1			<del></del>
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fective date, if other than the d n effective date is listed, the date must l	be specific and cannot be prior to date of filing	option (option) (option) (option)	filing.) Purs	auant to (	605.020
ote: If the date inserted in this bloc cument's effective date on the Dep	ck does not meet the applicable statutory	filing requirements, this	date will	not be l	isted a
monand amosifica a dalaced	official and the second				••
The 90th day after the reco	effective date, but not an effecti rd is filed.	ve time, at 12:01 a	.m. on t	ne ea	rlier (
January 23rd	2017				
Minn	R Solo	N	_		
S	ignature of a member or authorized represent	tative of a member			
Micah Folsom			7 (4)	1	**
Micah Folsom	Typed or printed name of sign	ee		17 JH 24	Marie Control

Filing Fee: \$25.00