

L17000016212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

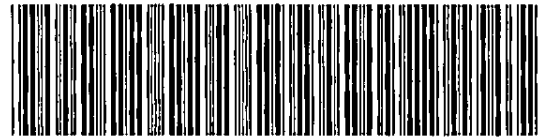
(Business Entity Name)

(Document Number)

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FILED
2017 SEP 25 PM 2:38
CLERK OF SUPERIOR COURT
ALABAMA

K SALY
SEP 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: touché Cafe LLC
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:

Laurie Ann Faircloth
Name of Person

Crystals Canine Care LLC
Firm/Company

1927 Walsulla Arrah RD
Address

Crawfordville FL 32327
City/State and Zip Code

laurieannfaircloth2645@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurie Ann Faircloth at (850) 244-9606
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**

Touché Cafe LLC

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

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2017 SEP 25 PM 2:38

CLERK OF CIRCUIT COURT
JANET H. HARRIS, CLERK
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Jan 23, 2017 and assigned Florida document number L17000016212.

This amendment is submitted to amend the following:

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

Crystals Canine Care 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:

Laurie Ann Faircloth

(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:

Laurie Ann Faircloth

New Registered Office Address:

Enter Florida street address

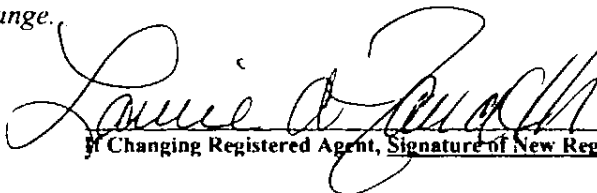
_____, Florida

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>
AMBR	Jamie Faircloth	1927 Wakulla Arron RD	<input type="checkbox"/> Add
		Crawfordville FL 32327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chelsea Gimes	9309 Royal Troon DR	<input type="checkbox"/> Add
		Tallahassee FL 32312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jamie Faircloth	1927 Wakulla Arron RD	<input type="checkbox"/> Add
		Crawfordville FL 32327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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20 SEP 5 PM 2:36
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CLERK OF COURT

2011 SEP 11 10:55
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2011 SEP 25 PM 2:38
FALLS CHURCH, VA

(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)

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.

Signature of a member of authorized representative

Signature of a member or authorized representative of a member

Laurie Ann Faircloth
Typed or printed name of signer

Typed or printed name of signee