L17000018398

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COVER LETTER

TO: Registration Section

Div	ision of Cor	porations				
SUBJECT:	LUCKY D	OG LODGE LLC		***		
SUBJECT.		Name of Lin	nited Liability Company	`	·	
The enclosed	d Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return	ali correspo	ndence concerning this matter	to the following:			
		MELINDA SHUMAKER				
			Name of Person			
		LUCKY DOG LODGE L	LC		~3	
			Firm/Company			
		6614 SURFSIDE BLVD				
			Address	-	- 8	
		APOLLO BEACH, FL 33	572		8 PH 2: 12	
			City/State and Zip Code			
		MELINDA.SHUMAKER@				
	6		to be used for future annual repo	ort notification)		
For further ir	itormation co	oncerning this matter, please of	all:			
MELINDA S	SHUMAKEI	₹	321 377-17 at ()	736		
	Name of	Person		Daytime Telephone N	umber	
Enclosed is a	check for th	e following amount:				
□ \$ 25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Cer d) Cer	00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)	
	iling Address	_	Street Addre Registratio			
Division of Corporations P.O. Box 6327			Division of Corporations			
	lahassee, F			of Tallahassee onroe Street, Su	ite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUCKY DOG LODGE LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	vere filed on 01/19/2017 and assigned
Florida document number L17000018398	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty 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)	
	E.S. 2:
·	I 2
B. If amending the registered agent and/or registered office ade agent and/or the new registered office address here:	(*)
Name of New Registered Agent:	
realite of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	City Zin 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 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	WILLIAM E SHUMAKER	6614 SURFSIDE BLVD	= Add
		APOLLO BEACH, FL 33572	□ Remove
			□Change
			□ Add
			Remove
			2200 A.J.
			Remove □ Remove
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			□Remove
			Change

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ctive date, if other th	an the date of filing:	2/02/2020		(optional)	
effective date is listed, the o	late must be specific and cann this block does not meet	ot be prior to date of			
	n the Department of State'		, , ,	,	
ord specifies a delayed of filed.	effective date, but not an e	ffective time, at 12	:01 a.m. on the ear	ier of: (b) The	90th day after ti
ma.					
DECEMBER 2	<u> </u>)20	\bigcap		
	7 17 7		1/2		

Typed or printed name of signee

MELINDA M SHUMAKER