

LIQUOR NTSS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

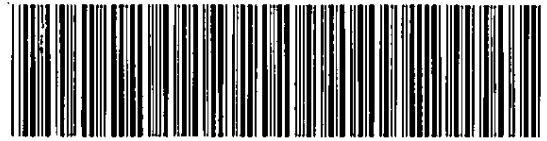
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900322153129

12/20/18--01001--022 **55.00

ALABAMA SECRETARY OF REVENUE

2019 DEC 20 A 3:23

FILED

D. SCOTT
JAN 7 2019

COVER LETTER

1 of 2

TO: Registration Section
Division of Corporations

SUBJECT: Angels Dog Spa & Grooming, 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:

Carolyn Coombs-Fox
Name of Person

Firm/Company

6428 S. Lagoon Dr.
Address

Panama City Beach, FL 32408
City/State and Zip Code

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

For further information concerning this matter, please call:

Carolyn Coombs-Fox at 602 4303139
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

FILED
2010 DEC 20 A 3:23
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Angels Dog Spa + Grooming 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 Feb. 22, 2017 and assigned Florida document number L17000041755.

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)

2112A Joan Ave.

Panama City Beach

FL 32408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2112A Joan Ave

Panama City Beach

FL 32408

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>
MGR	Carolyn Fox	6428 S Lagoon Dr	<input type="checkbox"/> Add
		Panama City Bch FL 32408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Katrina Borgman-Brouwer	5119 N. Lagoon Dr	<input checked="" type="checkbox"/> Add
		Panama City Bch FL 32408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Heather Giallo	5119 N. Lagoon Dr	<input checked="" type="checkbox"/> Add
		Panama City Bch FL 32408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Katrina Borgman-Brouwer	5119 N. Lagoon Dr	<input checked="" type="checkbox"/> Add
		Panama City Bch FL 32408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2019 DEC 20 A 3:23

5

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.

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

Dated 12-07-2018

Carolyn Fox

Signature of a member or authorized representative of a member

Carolyn Fox

Typed or printed name of signee