117000075987

(R	Requestor's Name)	
A)	address)	
(A	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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12/15/17--01006--003 **25.00

FILED

2017 DEC 15 PM 1: 52

K. SALY DEC 18 2017

COVER LETTER

SUBJECT:	PawPlanet, I	LC		
SUBJECT.		Name of Limit	ted Liability Company	
			•	
The enclosed	d Articles of Z	Amendment and fee(s) are subn	nitted for tiling.	
Please return	all correspor	ndence concerning this matter t	o the following:	
		James Keating		
			Name of Person	
		PawPlanet, LLC		
			Firm/Company	
		6686 Alisma Ln		
			Address	
		Jacksonville, FL 32244		
			City/State and Zip Code	
		pawplanetllc@gmail.com		<u> </u>
		E-mail address: (1	o be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	ill:	
James Keati	ng		940 535-8118 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 I	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

TO:

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

2011 DEC 15 PH 1:52

JALLAHASSEE TLORIU;

PawPlanet, 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 4/4/17	and assigned
Florida document number L17000075987		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	6686 Alisma Ln	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32244	
		
Enter new mailing address, if applicable:	6686 Alisma Ln	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32244	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Florida	7: 6 1
New Registered Agent's Signature, if changing Registered Agent;	•	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, i address, I hereby confirm that the lim	miliar with and f this document is

Page 1 of 3

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/V	JBF Software Withholdings, LLC		
		3142 Glenridge Dr. Palm Harbor, F	= Remove
			☐ Change
AMBR/M	Sheila Hartigan	14 Brookfiled Ln Geneva, IL 60134	■ Add
			Remove
			Change
			☐ Remove
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Effectiv	ve date, if other than the date of filing: 4/5/17 (optional) ctive 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 60:	5.020
Note: If	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.	ted a
documen	in selective date on the Department of State S records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	ier d
Dated	December 12 2017	
17atcu _		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00