## 417000079215

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## **COVER LETTER**

то:	Registration Se Division of Cor			
CHD IE7		Pure Dog Food,LLC		
SUBJEC	Ψ1: <u> </u>	Name of Limi	ted Liability Company	
The encl	losed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	o the following:	
		Carole M Brooks		
			Name of Person	
		Pawsitively Pure Dog Food	LLLC	
			Firm/Company	<del> </del>
		1695 Rutledge Rd		
	Name of Person  Pawsitively Pure Dog Food, LLC  Firm/Company			
		Longwood, Florida 32779		
		<del> </del>	City/State and Zip Code	
Please return		· · · · · · · · · · · · · · · · · · ·		<del> </del>
		E-mail address: (t	o be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please ca	III:	
Carole N	M Brooks			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne 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 tadditional 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

Pawsitively Pure Dog Food, 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 April 10th, 2017 and assigned Florida document number L17000079215 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter/the registered agent and/or the new registered office address here: Joseph M Brooks Name of New Registered Agent: 1695 Rutledge Rd New Registered Office Address: Enter Florida street address Longwood

## 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.

City

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
MGR	Carole M Brooks	1695 Rutledge Rd	<b>⊟</b> Add
MGR	JOSEPH W BROOKS	Joseph M Brooks	Remove
			Change
			Add
			☐ Remove
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Filing Fee: \$25.00