4700114950

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
<u></u>
Special Instructions to Filing Officer:

Office Use Only



900311298379

04/04/18--01010--010 **30.00

2018 APR -4 PM 12: 43
SECRETARY OF STATE
FALLAHASSEE, FI ORIG

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	FarD⊗g Se Name of Limi	ted Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Ted	3. Shannor Name of Person	<u>. </u>
		Firm/Company	
	108 12	+4 54 Address	
		Address	
	Bellean	Beach FZ.	33186
-	tedbsh a	Beach FZ. City/State and Zip Code Aname guna, o be used for future annual report notifica	1. Com
For further information conce	erning this matter, please ca	1k:	
Ted Sh	annon	at (360) 508	6372
Name of Per	son		elephone Number
Enclosed is a check for the fo	ollowing 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

Star Dog Sol		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor Liability Company)	qs ")
The Articles of Organization for this Limited Liability Company	were filed on 5-24	- 7 0 17 and assigned
Florida document number <u>L/7000114950</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company horo:	
Stardog Agency The new name must be distinguishable and contain the words "Limited Liabil	ity Company " the designation "I I I	C" or the abbreviation "L. I. C."
	_	e of the abbreviation E.E.C.
Enter new principal offices address, if applicable:	Same	~~~~
(Principal office address MUST BE A STREET ADDRESS)	**************************************	201 201 201 201 201 201 201 201 201 201
		AR T
Enter new mailing address, if applicable:	Same	R-4 TARY O ASSEE
(Mailing address MAY BE A POST OFFICE BOX)		TO A I
		ORID.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ls, enter the name of the new
Name of New Registered Agent:	Same	
New Registered Office Address:		
	Enter Florida street addre	ess.
		lorida
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marlaena Shannon	108 1244 St.	
	•	Belleair Beach A 33786	Remove
			Change
M6R	Mark Glasstetter	108 1274 St. Belleair Beach Fl 33786	A dd
		Belleair Beach Fl 33786	□ Remove
			Change
			Add
			□ Remove
		<u> </u>	Change
			□ Add
			Remove
		·	Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			Change

	
	2018 ALL
	APR AHA
	SSE
	OF S
	
	IFATE ORIDA
	<u> </u>
ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or mate: If the date inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.0
cument's effective date on the Department of State's records.	8 1
record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
$\frac{4-2-18}{2}$	
Signature of a member or authorized representative	of a member

Page 3 of 3

Filing Fee: \$25.00