L1700175856

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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	Pawsitiveley Ruf, LLC					
Source.		Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	unitted for filing			
Please return	all correspo	ndence concerning this matter	to the following:			
		Christopher Thompson				
			Name of Person			
		Loggerhead Reef, LLC				
			Firm/Company			
4354 Song Sparrow Dr						
Address						
Middelburg, 32068						
			City/State and Zip Code			
		cthompson561@gmail.com				
		E-mail address: (to be used for future annual report notif	ication)		
For further in	iformation co	oncerning this matter, please co	all:			
Chris Thom	pson		904 838-5009 at ()			
Name of Person		Area Code Daytime	Telephone Number			
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pawsitiveley Ruf, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company lorida document number $\frac{L17000175856}{L17000175856}$.	were filed on and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
awsitively Ruff, LLC	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."
nter new principal offices address, if applicable:	4354 Song Sparrow Dr
Principal office address MUST BE A STREET ADDRESS)	MIddelburg, FL 32068
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	
i. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	Enter Forida street uddress
ew Registered Agent's Signature, if changing Registered Agent:	Florida City Florida 2ip Code

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>	Address	Type of Action
<u>.</u>			
			Remove
			Change
			□ Remove
			☐ Change
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	4-y (100 A 100 A 1		
			Remove
			Change
			□ Remove
		 -	☐ Change

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		22
Effective date, if other	than the date of filing:	(optional)
Note: If the date inserted	e date must be specific and cannot be prior to date of filing or in this block does not meet the applicable statutory fil	more than 90 days after filing.) Pursuant to 605.05 ling requirements, this date will not be listed
document's effective date	on the Department of State's records.	
ne record specifies a The 90th day after	delayed effective date, but not an effective the record is filed.	e time, at 12:01 a.m. on the earlier
Dated August, 17	2017	
-		

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Typed or printed name of signee

Filing Fee: \$25.00