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PICK-UP WAIT MAIL
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COVER LETTER

SUBJECT:	Artzy Fartzy	Petz LLC				
Subject.		Name of Lim	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Amy Gircsis				
			Name of Person			
		Artzy Fartzy Petz LLC				
			Firm/Company			
		10960 Beach Blvd Lot 589	•			
		Address				
		Jacksonville, Florida 3224	6			
		Artzyfartzypetz@yahoo.cor	City/State and Zip Code			
		E-mail address: (to be used for future annual report	notification)		
or further in	iformation co	oncerning this matter, please ca	ıll;			
Amy Giresis	;		216 543-3226	6		
	Name of	Person		rtime Telephone Number		
nclosed is a	check for the	e following amount:				
1 \$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
Division of Corporations

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

Artzy Fartzy Petz LLC

(Name of the Limited Liabil	ility Company as it now appears on our records.) ida Limited Liability Company)
(A Florid	ida Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Lin	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	27 -
(Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office add	gistered office address on our records, enter the name of the ldress here:
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registere	
provisions of all statutes relative to the proper and accept the obligations of my position as registered a	nt and agree to act in this capacity. I further agree to comply with complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability e.
	If Changing Registered Agent, Signature of New Registered Agent

	_		1
MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Amy Gircsis	10960 Beach Blvd lot 589	
		Jacksonville, Fl 32246	
			□ Remove
			Change
			
			□ Remove
			Change
			Add CONTROL TO
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If the date inserted in this l	ust be specific and cannot be prior block does not meet the applications.	to date of filing or more able statutory filing re	(optional) than 90 days after filing quirements, this date) Pursuant to 605.0207
ent's effective date on the	Department of State's records.			
cord specifies a delaye 90th day after the re	ed effective date, but no cord is filed.	t an effective time	e, at 12:01 a.m.	on the earlier o
October 16	2017			
any D.	CCAW Signature of a member or author			
0	Signature of a member or author	orized representative of a	member	

D.

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Filing Fee: \$25.00