

L17000209365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

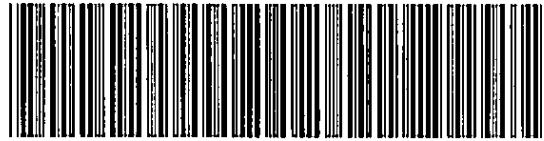
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M. MILLIGAN
OCT 20 2018

2018 OCT 15 AM 9:43
2018 OCT 15 AM 7:34

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREATLUV.COM, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORI HYDE
Name of Person
TREATLUV.COM, LLC
Firm/Company
2515 Gary Circle
Address
Dunedin, FL 34698
City/State and Zip Code
LHYDE17@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Hyde at (716) 316-8836
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 (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**

TREATLUV.COM, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2018 OCT 15 AM 7:34
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-10-17 and assigned
Florida document number L1700020936582

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 "L.L.C."

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William L. Mattern		<input type="checkbox"/> Add
		2515 Gary Circle	<input checked="" type="checkbox"/> Remove
		Dunedin, FL 34698	<input type="checkbox"/> Change
MGR	LUKE		<input type="checkbox"/> Add
		2515 Gary Circle	<input checked="" type="checkbox"/> Remove
		Dunedin, FL 34698	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LORI HYDE		<input checked="" type="checkbox"/> Add
		2515 Gary Circle	<input checked="" type="checkbox"/> Add
		Dunedin, FL 34698	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ASHLEY HYDE		<input checked="" type="checkbox"/> Add
		2515 Gary Circle	<input checked="" type="checkbox"/> Add
		Dunedin, FL 34698	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 10, 2018

Signature of a member or authorized representative of a member

William Mattern III
Typed or printed name of signer

2010年12月10日

2018 OCT 15 AM 7:34

7-11-68