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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	Registratio División of	n Section Corporations		
CHO IIV		Pet Relocation, LLC		
SUBJEC	.1;	Name of Li	mited Liability Company	····
The enclo	osed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please re	turn all corn	espondence concerning this matte	r to the following:	
		Brett Furlong		
			Name of Person	
			Firm/Company	
		3006 Del Prado Blvd, S.,		
			Address	
		Cape Coral, FL 33904		
		brett@starwoodanimaltran	City/State and Zip Code	
		E-mail address:	(to be used for future annual report noti	fication)
For furthe	er informatic	on concerning this matter, please of	rall:	
Brett Fur	long		239 671-7427 at ()	
***************************************	Nan	ne of Person	Area Code Daytim	e Telephone Number
Enclosed	is a check fo	or the following amount:		
■ \$25.0	0 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, F1, 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

Global Pet Relocation, LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as if now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number	mpany were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C" S C S
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u> </u>	HASSE B +5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	•	OF STATE EFLORIDA AH 7: 43
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, ess here:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	City	da 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Don Uyeno	5518 Harbour Preserve Cir	
		Cape Coral, FL 33914	☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet ti	he applicabl	date of filing o le statutory fi	r more than 90 da ling requireme	(optional) Eys after filing.) F Ents, this date w	ursuant to 605 ill not be liste	5,0207 ed as
ne record specifies a delayed The 90th day after the reco	effective date, ord is filed.	but not a	an effectiv	e time, at 17	2:01 a.m. or	n the earlie	er o
January 30.	20)17 	.•				
011							
2/	Signature of a memb	er or authoris	red rentesental	ive of a member			

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Filing Fee: \$25.00