117000264650

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400311671884

04/16/18--01033--018 **25.00

PILED
APR 30 AM 8: 5;
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 19, 2018

LAUREN D DRISCOLL 8 WAKEFIELD PLACE PALM COAST, FL 32164

SUBJECT: PET PEEVES DOG TRAINING LLC

Ref. Number: L17000264650

We have received your document for PET PEEVES DOG TRAINING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 218A00008036

2618 APR 30

COVER LETTER

TÒ:		istration Se ision of Cor		e p	a
OUDI		Pet Peeves I	Dog Training, LLC		
SUBJ	ECT:		Name of Lim	ited Liability Company	
The e	nclosed	l Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	e return	all correspon	ndence concerning this matter	to the following:	
			Lauren D Driscoll		
				Name of Person	***************************************
			Pet Peeves Dog Training, I	LLC	
				Firm/Company	
			8 Wakefield Place		
				Address	
			Palm Coast, FL 32164		
				City/State and Zip Code	
			petpeeves09@yahoo.com		
			E-mail address: (to be used for future annual report notifi	cation)
For fu	ırther ir	nformation co	oncerning this matter, please ca	all:	
Gerar	d S. Dr	riscoll		631 960-5104	
		Name of	Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a	check for th	e following amount:		
= \$2	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:

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

(Name of the Lim	ited Lighility Company as it now appr	ears on our records)
(Name of the Entire	ited Liability Company as it now app (A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited I lorida document number L17000264650	Liability Company were filed on	12/29/2017 and assigned
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	P ⊕ +2
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE		FILE WAPR 3D A ECRETARY 3 AHASSEE.
3. If amending the registered agent and egistered agent and/or the new registered of	l/or registered office address office address here:	on our records, enter the name of the no
Name of New Registered Agent:	Gerard S. Driscoll	,
New Registered Office Address:	8 Wakefield Place	
	Enter I	Florida street address
	Palm Coast	, Florida ³²¹⁶⁴
	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>	Address	Type of Action
MGR	Lauren D. Driscoll	8 Wakefield Place, Palm Coast, FL	Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
		 · 	
			Remove
		-	Change
		-	
		 	Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			□ Change

<i>'</i>				_
-				_
-				_
				<u></u>
-		·. · ·		_
-				_
				_
_				
-				
-				_
		ALC:	2	
-		AH AH	== >>	-
-		7	APR	
		Añ Y SSE	30	
			圣	
-		RE	÷	- O
_		Dr.	<u>C</u>	_
-		· · · · · · · · · · · · · · · · · · ·		_
-				_
	2/2/2016			
ffect	ve date, if other than the date of filing: 2/2/2018 (option)	nal)		
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after. If the date inserted in this block does not meet the applicable statutory filing requirements, this			
	ent's effective date on the Department of State's records.			
	ord specifies a delayed effective date, but not an effective time, at 12:01 a	.m. on t	he earl	ier of
	90th day after the record is filed.			
	4-27-18			
ated				
	HUMAN Coll			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00