

L18000029581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

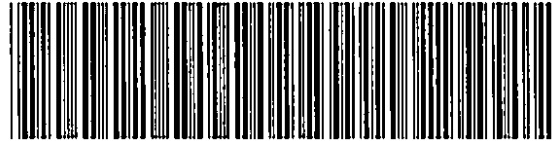
(Business Entity Name)

(Document Number)

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EMBASSY, FLORIDA

FEB 13 2018

✓ SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: darlasredstandardpoodles.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:

Darla M. Spencer
Name of Person
darlasredstandardpoodles.com "LLC"
Firm/Company
13224 Sweet Gum Rd.
Address
Brooksville, FL 34613
City/State and Zip Code
my.puzzel.147@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darla Spencer at (352) 293-4549
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**

darlasredstandardpoodles.com "LLC"
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/1/18 and assigned
Florida document number 700308707557.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

darlasredstandardpoodles.com "LLC"

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)

13224 Sweet Gum Rd.
Brooksville, FL 34613

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:

Darla Spencer

New Registered Office Address:

13224 Sweet Gum Rd

Enter Florida street address

Brooksville

City

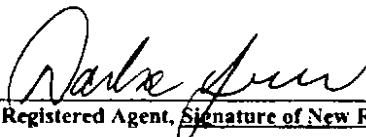
Florida

34613

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>
AMBR	Darla Spencer	13224 Sweet Gum Rd Brooksville, Fl. 34613	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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18 FEB 12 AM 10:49
FLORIDA
STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Went to Bank twice to open bussiness account
they said to apply again because my name owner
was not on as authorized to manage LLC.

So redid hope this is it and can Finally get
bussiness going.

So now have redid Name + Address of Person(s) or
person Authorized to Manage LLC. wich is
me Darla Spencer owner + only person on
bussiness thanks.

18 FEB 12 AM 9:49
DEPARTMENT OF REVENUE
FLORIDA

E. Effective date, if other than the date of filing: 2/1/18 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2-8-

2018


Signature of a member or authorized representative of a member

Darla Spencer

Typed or printed name of signee

Doc # 700308707557



Filing Information

Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.

Effective date for this filing 02/01/2018 .

Certificate of Status Requested Yes

Certified Copy Requested Yes

Limited Liability Company Name DARLASREDSTANDARDPOODLES.COM "LLC"

Principal Place of Business

Address 13224 SWEET GUM RD
Suite, Apt. #, etc.
City, State BROOKSVILLE, FL
Zip Code & Country 34613, UN

Mailing Address

LIMITED LIABILITY COMPANY MAILING ADDRESS SAME AS PRINCIPAL ADDRESS.

Name and Address of Registered Agent

Name (Last, First, Middle, Title) SPENCER, DARLA, M,
Address 13224 SWEET GUM RD
Suite, Apt. #, etc.
City, State BROOKSVILLE, FL
Zip Code & Country 34613, US

Registered Agent Signature DARLA SPENCER

Any Other Provision(s) - Optional (Purpose, Statements, etc.)

Correspondence Name And E-mail Address

Name and e-mail address to whom correspondence should be e-mailed

Name DARLA M SPENCER
E-mail Address MYPUZZEL147@YAHOO.COM

Signature of a member or an authorized representative.

Signature DARLA SPENCER

Name And Address of Person(s) Authorized to Manage LLC

Couldnt open banking Business acct
Because my name was not at this place
said?
Can't be same as owner of business



Florida Limited Liability Company Online Filing Information

Document Tracking #: 700308707557

The charge for your filing is: \$ 160.00

Your data entry is now complete and will be placed in a queue and processed by a document examiner on a first in, first out basis. If you feel you may have entered incorrect data, you must use the "Back Browser Arrow" and return to the first page of data entry. After verifying and correcting the information, be sure to use the "Continue" button to return back to this page. If all data is entered correctly, proceed to the "Payment Page" by pressing the "Continue" button below.

Please allow 1-2 business days for your document to be examined and filed by this office. Do not apply for a federal employer identification number (FEI#) until your document has been officially filed and you have received acknowledgment by e-mail from our office.

If you have any questions, please contact our Help Desk at (850)245-6939.

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