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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORID

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COVER LETTER

Div	ision of Cor	porations							
eun ieze	K9 Souls Pet Rehab LLC								
SUBJECT:		Name of Limited Liability Company							
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.						
Please returr	all correspo	ndence concerning this matter	to the following:						
		Wendy L Davies							
			Name of Person						
		Ka Souls	Pet Rehab	110					
		707 NE 10th Ave							
		· · · · · · · · · · · · · · · · · · ·	Address	<u> </u>					
		Gainesville FL 32601							
	City/State and Zip Code								
		K9souls@gmail.com	to be used for future annual report not	-					
Dan Cambassi	u formusion o		·	meanon)					
		oncerning this matter, please or							
Wendy L D	avies		352 262-2599						
	Name o	î Person	Area Code Daytin	ne Telephone Number					
Enclosed is	a check for th	ne following amount:							
■ \$25.00 H	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		STREET/COUR Registration Section							

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K9 Souls Pet Rehab 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 ²⁻⁶⁻²⁰¹⁸ Florida document number L18000032893 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 "LLC." 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

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 agen; 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:

	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wendy L Davies	707 NE 10th Ave	
	1	Gainesville, FL 32601	☐ Remove
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- 				
Effective date, if other than the (If an effective date is listed, the date must	date of filing:	r to date of filing or more th	(optional)	a 605 0207
Note: If the date inserted in this bl document's effective date on the D	ock does not meet the appli	cable statutory filing requ	uirements, this date will not be	: listed as
the record specifies a delayed The 90th day after the rec		ot an effective time,	, at 12.01 a.m. on the e	arlier of
Dated	2018	— ' 		
	Ny dy J Signature of a mymber or aut	norized representative of a r	nember	_
Wendy L Davies	•			
	Typed or prin	ted name of signee		_

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Filing Fee: \$25.00