

L18000155915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

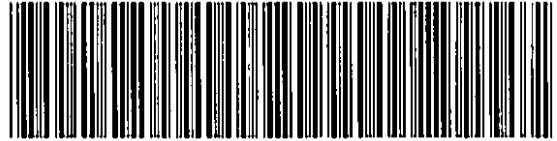
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SECOND FLOOR
TALLAHASSEE, FLORIDA

AUG 14 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporation

SUBJECT: Lucky Dogs Gourmet Goodies, 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:

Charles Tiller

Name of Person

Lucky Dogs Gourmet Goodies, LLC

Firm/Company

1494 Oakmont Place

Address

Niceville, FL 32578

City/State and Zip Code

ctwiller@gmail.com

E-mail address: (to be used for future annual report notification)

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STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Charles Tiller

301

213-5558

at ()

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

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	Kristi M. Orgeron	1494 Oakmont Place	<input type="checkbox"/> Add
		Niceville, FL 32578	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Charles W. Tiller	1494 Oakmont Place	<input checked="" type="checkbox"/> Add
		Niceville, FL 32578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____ (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)(a).

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

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

Date, AUGUST 9, 2018

Kristi Reed
Signature of a member or author

Aristi M. Orgeron

Kristi M. ORGERON

Typed or printed name of signer

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CLERK OF DISTRICT COURT
JANUARY 1997
STATE OF FLORIDA
TALLAHASSEE