

L18000185716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

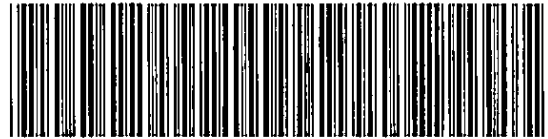
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2018 OCT -1 AM 11:14
SECRETARY OF STATE
HALLMARK CENTER
COLUMBIA, MO

M. MILLIGAN
OCT 04 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2018

POO B GONE LLC
ATTN: SARAH BENNETT
12309 CAPE SOUND COVE
ORLANDO, FL 32825

SUBJECT: POO B GONE LLC
Ref. Number: L18000185716

We have received your document for POO B GONE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 618A00018677

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Poo B Gone LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Bennett
Name of Person

Poo B Gone LLC
Firm/Company

12309 Cape Sound Cove
Address

Orlando, FL 32825
City/State and Zip Code

poobgonellc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Bennett at (954) 224-5123
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2008 SEP - 10 PM 5:02

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Poo B Gone LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2018 OCT -1 AM 11:14
SECRETARY OF STATE
TALLAHASSEE FL 32307

The Articles of Organization for this Limited Liability Company were filed on 8/02/2018 and assigned
Florida document number L18000185716

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 "L.L.C."

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

_____, Florida _____
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>	<u>Address</u>	<u>Type of Action</u>
MGR	William Bennett	12309 Cape Sound Cove	<input type="checkbox"/> Add
		Orlando, FL 32825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sarah Bennett	12309 Cape Sound Cove	<input checked="" type="checkbox"/> Add
		Orlando, FL 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. 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)(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 August 20, 2018

Signature of a member or authorized representative of _____

Sarah A Bennett
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2016 OCT -1 AM 11:17
SECRETARY OF STATE
4. 441-995-7105

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