

L18 000 219248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

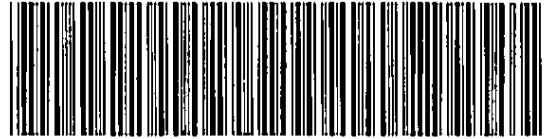
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500352879165

09/30/20--01008--004 \*\*25.00

FILED  
2020 SEP 30 PM 12:44  
CLERK OF STATE  
TALLAHASSEE, FL

10/3/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Occipital Pet Care, 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:

Charlemagne Chuacuco  
Name of Person  
Occipital Pet Care, LLC.  
Firm/Company  
833 Cura Ct  
Address  
Oakland, FL 34787  
City/State and Zip Code  
oakfounpetclinic@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlie Chuacuco at ( 321 ) 947 9132  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Ocupital Pet Care, 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 9/14/2018 and assigned  
Florida document number C18000219248

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**)

833 Cura Ct  
Oakland, FL 34787

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

833 Cura Ct.  
Oakland, FL 34787

**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:

833 Cura Ct.

Enter Florida street address

Oakland

City

Florida

34787

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

RECEIVED  
2020 SEP 30 PM 12:44  
CLERK OF STATE  
TALLAHASSEE, FL

2020 SEP 30 PM 12:45  
CLERK OF STATE  
TALLAHASSEE, FL

FILED  
2020 SEP 30 PM 12:45  
CLERK OF STATE  
TALLAHASSEE, FL

(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)

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 Sept 24 2020

Signature of a member or authorized representative of a member

Charlemagne Chucucuo

**Filing Fee: \$25.00**

Date: November 16, 2020


Re: Registered Agent Address Change for Occipital Pet Care, LLC Ref. No. L18000219248

Dear Mr. Quick,

I have been corresponding with Miss Annette Ramsey with regards to changing the address of the registered agent. I updated the application form that came with this cover letter. Miss Ramsey instructed me mention that I have already sent a check for \$25 on my last application.

Kindly change the address of the abovementioned item to 833 Cura Ct, Oakland, FL 34787 as noted on item B.

Kindly give me a call if there should be any questions. Thank you very much.



Charlemagne Chuacuco  
321-947-9132