

L18000 292 240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

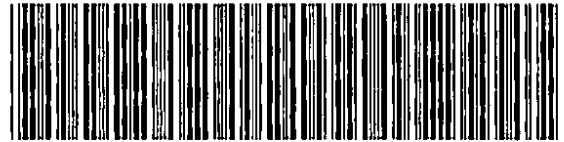
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900323906859

02/26/19--01005--025 **25.00

RECEIVED

FEB 25 2019

2019 FEB 25 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

T.G. 2/26/19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JACKIE'S PET PROJECT, 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:

K. JUDITH LANE

Name of Person

K. JUDITH LANE, P.L.L.C.

Firm/Company

1400 HAND AVENUE, SUITE D

Address

ORMOND BEACH, FL 32174

City/State and Zip Code

KJUDITHLANE@OUTLOOK.COM

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

APPROVED
AND
FILED
2019 FEB 25 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

K. JUDITH LANE

386 405-7147

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

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

JACKIE'S PET PROJECT, 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 12/21/2018 and assigned
Florida document number L18000292240

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)

2359 LAFAYETTE

WINTER PARK, FLORIDA 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2359 LAFAYETTE

WINTER PARK, FLORIDA 32789

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	PATRICIA E. GRIFFIN	2539 [sic] Lafayette Avenue Winter Park, FL 32789	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATRICIA E. GRIFFIN	2359 Lafayette Avenue Winter Park, FL 32789	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARGARITA MAGDALENA TYRRELL	488 Julian Lane Maitland, FL 32751	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

APPROVED AND FILED
 2018 FEB 25 PM 3:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

APPROVED
AND
FILED
2019 FEB 25 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 1, 2019

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 2/21/19

PAT E. GRIFFIN, AUTHORIZED MEMBER/MANAGER
Signature of a member or authorized representative of a member

PATRICIA E. GRIFFIN

Typed or printed name of signee