## 1900000 6628

(R	Requestor's Name)	
(A	ddress)	
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(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	





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2019 JAN 23 PM 6: 55
SECRETARY OF STATE
ORIGINAL PROPERTY.

FILED

1.35.19

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lots of Love Pedicare LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Katrina Hoston Name of Person
LOES OF Love Pedicare LLC Firm/Company
8770 Christie drive
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 727 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\begin{array}{c} \$30.00 Filing Fee &

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

The Articles of Organization for this Limited Liability Company were filed on  $_{-}$  1 -  $_{-}$  2 - |9|and assigned Florida document number L 190000 Cele 28 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 City 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

If Changing Registered Agent, Signature of New Registered Agent

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 amending A or removed fro	uthorized Person(s) authorized to man om our records:	rage, enter the title, name, and address of e	each person being added
MGR = Man AMBR = Autl	ager horized Member		
<u>Title</u>	Name	Address	Type of Action
mgc	Katrina Hoston	870 christie drive Largo Fl 33771	Addi
		LArgo Fl 33771	□ Remove
		<del></del>	Change
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing:	o 605 0207 ( e list <b>e</b> d as t
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e ) The 90th day after the record is filed.	arlier of:
Dated January 18 2019.  Signature of a member or authorized representative of a member	_
Xotrina Hoston Typed or printed name of signee	_

Page 3 of 3

Filing Fee: \$25.00