# 1190000 45762

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ALLAHASSEE, FLORIDA

6. 19/19-01.56.



## **COVER LETTER**

Division of Corporations
SUBJECT: BOW-WOW & Meore Taxi, LLC (old name) 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:
Melisa Jork Name of Person
Triple "T" Pet Finders of SWFL, LLC Firm/Company
213 NE GYL CH. Address
Cape Coral Il. 33909 City/State and Zip Code
<u>triplet Det finders @ Amaile Com</u> E-mall address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melisa Jork at (239) 633-5319  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sectificate of Status    S25.00 Filing Fee Sectificate of Status   S25.00 Filing Fee Sectificate of Status Sectified Copy (additional copy is enclosed)   Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

**Registration Section** 

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

BOW-WOW & IV lead To	Ompany)
(A Florida Limited Liability C	Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number <u>L19000045762</u> .	led on 2 14/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
Triple "T" Pet Finders of SWF The new name must be distinguishable and contain the words "Limited Liability Comp	bany," 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)	CHETARY OF STAIL
B. If amending the registered agent and/or registered office adregistered agent and/or the new registered office address here:	diress on our records, enter the name of the ne-
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
City	Florida
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete perform	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing  Note: If the date inserted in this block does not meet the applicable statutory to document's effective date on the Department of State's records.	or more than 90 days			
the record specifies a delayed effective date, but not an effective.) The 90th day after the record is filed.	ve time, at 12:	01 a.m. on t	the ea	rlier of
Dated June 17 . 2019.				
Signature of a member or authorized representa	itive of a member		<del></del>	
Melisa York Typed or printed name of signe				

Page 3 of 3

Filing Fee: \$25.00