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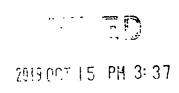
то:	Registration Se Division of Cor			
CHRI	Pawsitive L	l.c		
SUBJ	EC1	Name of Limi	ted Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		Dawn Marshall		
			Name of Person	<del></del>
		Pawsitive Pinellas LLC		
			Firm/Company	
		2526 Bramblewood Dr W		
			Address	
		Clearwater, Florida 33763		
		bark@pawsitivepinellas.con	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	cation)
For fu	rther information c	oncerning this matter, please ca	dt:	
Dawn	Marshall		727 265-2930	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ Si	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



Pawsitive LLC		
(Name of the Limited )	Liability Company as it now appears on our recor Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabi	ility Company were filed on 03/08/2019	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Pawsitive Pinellas LLC		
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
Principal office address MUST BE A STREET A		•
	·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	DX)	
	<u></u>	
	<del></del>	
3. If amending the registered agent and/or	registered office address on our record	ds, enter the name of the r
registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	
	·	
-	, F	lorida Zip Code
	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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Add
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ective date, if other than the c	late of filing:		(6	optional)
effective date is listed, the date must e: If the date inserted in this blocument's effective date on the Department.	be specific and cannot be ck does not meet the a	prior to date of filing pplicable statutory	g or more than 90 days	after filing.) Pursuant to 605.02
record specifies a delayed he 90th day after the reco	effective date, bu rd is filed.	t not an effect	ive time, at 12:	O1 a.m. on the earlier
	2019			

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Typed or printed name of signee

Filing Fee: \$25.00