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"我们就是一个人的第三人称单数。"老老师,随后

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Micheles Canine Cod and Critter Cotella 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:
Michele Kulik Name of Person
Firm/Company
1843 Sw Norman Lane
Fort St Lucie FL 34984 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michele Kulik at 172 203 - 7758 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sab.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 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

Micheles Contre Cost and Criter Care ILC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited I	Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on 482019 and assigned
The Articles of Organization for this Limited Liability Company Horida document number	+49
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	Ui Ti
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	52
	office address on our records, enter the name of the ne
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	<u>—————————————————————————————————————</u>
Name of New Registered Agent:	
	
New Registered Office Address:	Enter Florida street address
	, FloridaZip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
		 	Add
		107	☐ Remove
			Change
			Add
			Remove
			D Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			□ Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Replace Sonia Becerra
Signature of member or an authorized
Signature of member or an authorized representative Article V
TO TO
Electronic signature: Michele Kulik
E. 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 or more than 90 days after filing.) Pursuant to 605,0207 (3)(1) 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 5/13/ 2019.
Michele R: Kulik. Signature of a member or authorized representative of a member
Michele Luil Typed or printed name of signee

D;

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Filing Fee: \$25.00