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AUG 0 7 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Se Division of Cor			
OUTD LE OFF	NE SERVICES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OMAYRA VANDERPOO		
		Name of Person	
	VP's CANINE SERVICE	S, LLC	
	T.	Firm/Company	
	6002 WOODHAVEN VE	PRIVE	_
		Address	
	LAKELAND, FL 33811		
		City/State and Zip Code	
	vpscanine@gmail.com	to be used for future annual repo	net notification)
For further information c	oncerning this matter, please c	_	
OMAYRA VANDERPO	OOL	863 667-6	
Name o	f Person	Area Code I	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addr	
Registration : Division of C		Registration of Division of Control of Control	on Section  f Corporations
Division of C	-		e of Tallahassee

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE LINE BUG DETECTION	, LLC		•	
( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{5/06}{}$	5/2019 हिं <sub>स</sub>	and assigned
Florida document number L19000121774	<del>.</del>		***	至过
This amendment is submitted to amend the fol	llowing:			6:50
A. If amending name, enter the new name	of the limited liab	oility company her	<u>e</u> :	
VP's CANINE SERVICES, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	signation "LLC" or the abi	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6002 WOODHA	VEN DRIVE	
		LAKELAND, FL 33811		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office address	registered office :	SAME AS ABOV		e of the new register
Name of New Registered Agent:	<del>-</del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	6002 WOODH	HAVEN DRIVE		
		Enter Floria	la street address	<u>-</u>
	LAKELAND		, Florida	311
		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 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>	Type of Action
			☐Remove
			Change
			🖸 Add
			□Remove
			□ Change
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			□ Change

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Yectiv	e date, if other than the date of filing: (optional)
an effec <u>ote:</u> If	nive 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 605.020's the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at's effective date on the Department of State's records.
ecord is file	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 d.
Tuted_	UESDAY JUNE 16, 2020
	( AA)

Typed or printed name of signee