L19000136133

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Sasmoss Entry value)
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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

CASEY DOGS LLC		
(Name of the Limited	Liability Company as it now appears on our record Visionida Limited Liability Company)	is.)
The Articles of Organization for this Limited Lial Florida document number L19000136133		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	700 July 17
B. If amending the registered agent and/o		
registered agent and/or the new registered offi	<u>ice address here</u> :	7.5
		関盟
Name of New Registered Agent:		10 mg/l/ 50
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addre	32
		32

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	ge, <u>enter the title</u>	, name, and	address of each	person	being added
or removed from our records:					

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> ELENA D. MCLAUGHLIN	Address	Type of Action
MGR 	BBBAT D. MODOGRAM		
			☐ Remove
		5245 SE BURNING TREE CIRCLE, STUART FL 34997	■ Change
			Remove
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			- Change
		49 CT (Change 7
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ocument's effective date on the Dej	artificity of state \$!	records.			
e record specifies a delayed The 90th day after the reco		but not an effec	tive time, at 12:0	1 a.m. on the earli	ier of:
JUNE 20	2019	.			
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Glena D. W.	1 Laughle				

Page 3 of 3

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