## 119000 176281

(Re	equestor's Name)	<u></u>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	-	
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Office Use Only



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September 14, 2019

LAURA K DANGELO 1426 SADDLE CT PALM HARBOR, FL 34683

SUBJECT: TRUE TERRARIUMS LLC

Ref. Number: L19000176287

We have received your document for TRUE TERRARIUMS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 119A00019050

Catherine M Wood Regulatory Specialist II

19 cep 20 FTH: 59

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: True Terra	riums		
	Name of Limite	d Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submi	itted for filing.	
Please return all correspor	ndence concerning this matter to	the following:	
	Laura K. I	-) AUSE 1 D Native of Person	
	True Terrariums LLC	ν	
		Firm/Company	
	1426 Saddle C	Address	<del></del>
	Palm Harbor, &	FL 34683	
	it shall al	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notificati	ion)
For further information co	oncerning this matter, please cal		
1 4400 1	Dancelo	127 (688-880	09
Luura K.	f Person	at ( <u></u>	lephone Number
Enclosed is a check for th	ne following amount:		
\$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

True Terrariums LLC			
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	urs on our records.)	<del></del>
The Articles of Organization for this Limited I Florida document number	Liability Company were filed on <u>(</u> 287,	07/08/19	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbri	
Enter new principal offices address, if appli	cable:	55 C	IS SE
Principal office address MUST BE A STREE	ET ADDRESS)	) 	යා (කකා යා
		NS SA	
Enter new mailing address, if applicable:			9:3
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	ſ	.:- 0
3. If amending the registered agent and egistered agent and/or the new registered o	or registered office address of ffice address here:	n our records, <u>enter th</u>	e name of the
Name of New Registered Agent:	Northwest Registered Ag	gent LLC	
New Registered Office Address:	7901 4th St N STE 300		
	Enter Fla	rida street address	···
	St. Petersburg	, Florida <u>3</u> 37	02
	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 = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Laura V. Dauge lo	1426 Skildle Ct, Falm Harboi	<mark>⊂,</mark> □ Add
			KRemove
			Change
MGR	Melanie C. Harvey	1414 Saddle Cf, PalmHaxbox FL 34683	Add
		FL 34683	☑ Remove
			Change
AMBR.	Laura K. Darcelo	1426 Saddle Ct, Palm Harbor,	FL X Add
	V	<u> 34603</u>	Remove
			Change
AMBR	Molanie C. Harvey	1414 Saddle Ct. Palm Harbox, 34683	Fİ- K Add
	,	3466 5 	Remove
			Change
		<u></u>	Add
			Remove
			Change
			Add
			Remove
			☐ Change

	<u> </u>
it an et: <u>Note:</u>	fective date, if other than the date of filing:  [coptional]  fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e rec The	ond specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	90th day after the record is filed.  30th day after the record is filed.
	Living and the record is filed.
	Living and the record is filed.

Page 3 of 3

Filing Fee: \$25.00