## L19000214880





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10/21/19--01042--008 \*\*30.00



NUV U 7 2018 C Kinsey

## **COVER LETTER**

SalesNet Pets Ft Walton, LLC SUBJECT: 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: Peggy Davis Name of Person SalesNet Pets Ft Walton, LLC Firm/Company 950 Grand Canal St Address Gulf Breeze, FL 21563 City/State and Zip Code peggy.davis@petland.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 318-4369 Peggy Davis Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)	
(A Florida Limited Liability Company	y)	
The Articles of Organization for this Limited Liability Company were filed on L19000214880  Florida document number	August 22, 2019	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20
	<u>;&gt;</u> }	13061
	:	12 (1)
Enter new mailing address, if applicable:	÷.	2
		PH
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
	****	<del>-</del>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter th	e name of th
Name of New Registered Agent:		
New Registered Office Address:		
Enter i	Florida street address	
	Florida	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Peggy Davis	950 Grand Canal St. Gulf Breeze, FL 32563	
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an effecti lote: If t	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
ated	October 16 2019
	m6 aus
	Signature of a member or authorized representative of a member
	Michael R Davis
	Typed or printed name of signee

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Filing Fee: \$25.00