L20 0000005739

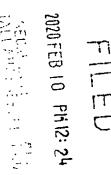
	(Requestor's Name)
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COVER LETTER

	gistration Se ision of Cor			
supurer.		ne Pet Sitting LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Jason Thibault		
			Name of Person	
		Home Alone Pet Sitting	LLC	
			Firm/Company	
		2638 Pinewood Dr		
			Address	
		Dunedin, FL. 34698		
		fireman686@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual repo	ort notification)
For further in	itormation c	oncerning this matter, please c	all:	
Jason Thiba	ault		727 515-5	387
	Name o	f Person	at () Area Code = I	Daytime Telephone Number
Enclosed is a	check for th	ne following amount:		
≡ \$25,00 F	iling 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)
Reg	iling Addres gistration S		Street Addre Registratio	
). Box 632			e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF A TO ARTICLES OF OF OF) RGANIZATION	MOFER 10 PHIC: 2
Home Alone Pet Sitting LLC		一次 是〇
(<u>Name of the Limited Liability Comp</u> an (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L20000005739	vere filed on <u>12/27/2</u> 019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	Vanessa Gomillion	2638 Pinewood Dr	□Add
		Dunedin, FI 34698	≣Remove
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			DAdd
			□Remove
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			□Remove
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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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis document's effective date on the Department of State's records.	
he 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 ord is filed.	er the
Dated February, 6 .	
Signature of a member or authorized representative of a member	
Jason Thibault Typed or printed name of signee	

Filing Fee: \$25.00