Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000242703 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : OLDER LUNDY & ALVAREZ

Account Number : I20190000084 Phone : (813)254-8998 Fax Number : (813)839-4411

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

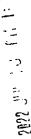
Email Address: \_\_\_\_\_philboothphs@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUEROSE KENNELS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

HH 19 2022

M. SOLOMOJA



Tallahassee, FL 32314

To:

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## **COVER LETTER**

1-813-839-4411

TO: Registration Se Division of Cor					
	E KENNELS, 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:			
	Phillip Booth				
		Name of Person			
		Firm-Company			
	9653 Elm Street,	<b>.,</b>		• 2	25 Sept.
	<del></del>	Address	· · · · · · · ·	, <b>ન</b>	8 I TO
	Taylor, MI 48180				
		City/State and Zip Code		1 = 1	٠ <u>٠</u> <u>٨</u> ـ
	philboothphs@gmail.com			<u>با</u> ا	
For further information c	toncerning this matter, please c	to be used for future annual report not all:	rication)	*	ar.
Phillip Booth		517 518-264( at()			
Name o	d Person	Area Code Daytin	se Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee. Certificate of Sta Certified Copy (additional copy is en	tus &	
MailingAddres Revistration		<u>StreetAddress:</u> Registration Se	ection		
Registration Section Division of Corporations		Division of Co	rporations		
P.O. Box 632		The Centre of			
Tallahassee,	nt. 52514	Z#TO N. MONTO	se Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUEROSE KENNELS, LLC			
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000037691}{L}$ .	were filed on 01/31/2020	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C	C.**
Enter new principal offices address, if applicable:			 
(Principal office address MUST BE A STREET ADDRESS)			200
			<u> </u>
		3.77 3.72	<u></u>
Enter new mailing address, if applicable:		-1,	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		7.64	<del></del> -
		···	<del></del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the i	name of the new i	registered
New Registered Office Address:			
New Neglitery, Office Address.	Enter Florida street address		
<u> </u>	Florids	IZip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and L provided for in Chapter 605, F.S.	am familiar with Or, if this docum	and ent is

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:

1-813-839-4411

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	АМУ ВООТИ	490 Hwy 97	🗖 Add
		Calumbiana, Al. 35051	Remove
			Change
MGR	PHILLIP BOOTH	9653 Elm Street,	☐Add
		Taylor, MI 48180	□Remove
			<b>■</b> Change
			DAdd
			□Refilove \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
			□ Change □ Co □ Add □ □
			□Remove
			□ Change
			□Add
			Remove
			□Change

	Page: 6 of 6	2022-07-19 03:28:14 +14	1-813-839-4411	From; Older, Lundy, and Alvare
D. If ame	mding any other info	rmation, enter change(s) here: (Atta	nch additional sheets, if necess	ary.)
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(If an ef Note:	fective date is listed, the da If the date inserted in t	n the date of filing:  te must be specific and cannot be prior to date his block does not meet the applicable sta the Department of State's records.	(option of filing or more than 90 days after fil that ory filing requirements, this d	ing.) Pursuant to 605.0207 (3)(b)
If the recordis fi		fective date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	7/14	, 2022		
	(lmy	Boothy Signature of a member or authorized re	presentative of a member	

To:

1-813-839-4411 From: Older, Lundy, and Alvarez Fax

Typed or printed name of signee

AMY BOOTH, MANAGER