

L20000046656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

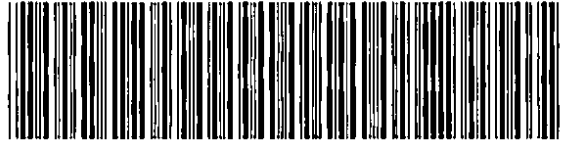
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

4085-



200389969462

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN 28 PM 3:10

FILED

JUN 29 2022

S. PRATHER

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUND FROM THE ACCOUNT: 120210000160 AMOUNT: 35.00

Authorization Signature: 

Dog Side of the Moon LLC L20000046656

BUSINESS

DOCUMENT #

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ **Certified Copy of Articles**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

AMMENDMENTS

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ **Conversion**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ APOSTILLE () ☐ Other
Country

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2022

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: DOG SIDE OF THE MOON, LLC
Ref. Number: L20000046656

We have received your document for DOG SIDE OF THE MOON, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The form you submitted is for a Benefit/Social corporation, but your entity is a Limited Liability company. Please complete and return the enclosed blank form(s).

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.

Claretha Golden
Regulatory Specialist II .

Letter Number: 822A00014515

RECEIVED
2022 JUN 28 PM 3:47
ALLAHASSEE, FL 080

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dog Side of the Moon LLC
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:

Mary Hood
Name of Person

Dog Side of the Moon LLC
Firm Company

800 Charles St
Address

Port Orange FL 32129
City/State and Zip Code

mbhood68@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Hood at 386 216-5611
Name of Person Area Code Distinct Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Dog Side of the Moon LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L2000004656.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dog Side of the Moon LLC
The new name must be distinguishable and contain the words "Limited Liability 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)

David and Mary Hood
800 Charles St
Port Orange FL 32129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 740265
Orange City FL 32774

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Mary Hood
800 Charles St
Enter Florida street address
Port Orange FL 32129
City State 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

CLERK OF STATE
TALLAHASSEE, FLORIDA

2022 JUN 28 PM 3:10

FILED

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Timothy Jennings	606-A Commerce Ave	<input type="checkbox"/> Add
		Panama City Beach, FL 32408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	David Hoad	800 Charles St	<input checked="" type="checkbox"/> Add
		Port Orange FL 32129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Mary Hoad	800 Charles St	<input checked="" type="checkbox"/> Add
		Port Orange FL 32129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 6/28/22, 2022

Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2022 JUN 28 PM 3:10

11