

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L200006134352

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.

((H24000275779 3)))



H240002757793ABC4

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 : LAW OFFICE OF CONRAD WILLKOMM, P.A.
Account Number : 120200000174
Phone : (239)262-5303
Fax Number : (239)262-6030

2024 AUG 16 AM 4:12
JUDGE RYAN W. WILLIAMS, FLORIDA
TALLAHASSEE, FLORIDA

FILED

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

Email Address: conrad@swfloridalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SMILIN' DOG BAKERY, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Smilin' Dog Bakery, 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:

Kimberly Willkomm, Esq.

Name of Person

Law Office of Conrad Willkomm, P.A.

Firm/Company

3201 Tamiami Trail N, 2nd Floor

Address

Naples, FL 34103

City/State and Zip Code

carmelindarealty@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Willkomm	239	262-5303
<u>Name of Person</u>	<u>at (</u>	<u>Area Code</u>
)	<u>Daytime Telephone Number</u>

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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**

2024 AUG 16 AM 4:12
FILED
TALLAHASSEE, FLORIDA

Smilin' Dog Bakery, 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 05/18/2020 and assigned Florida document number L20000134352.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4947 Tamiami Trail N #102
Naples, FL 34103

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Law Office of Conrad Willkomm, P.A.

New Registered Office Address:

3201 Tamiami Trail N, 2nd Floor

Enter Florida street address

Naples

, Florida 34103

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 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	Carmelinda Abbaticchio	4947 Tamiami Trail N, Suite 102 Naples, FL 34103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Denise Y. Pavlovich	240 17th Street SW Naples, FL 34117	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
		ALLAPALATCHEE, FLORIDA 34112	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
		ALLAPALATCHEE, FLORIDA 34112	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
		ALLAPALATCHEE, FLORIDA 34112	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
		ALLAPALATCHEE, FLORIDA 34112	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1924 AUG 16 AM 4:12
JUNIOR DIVISION
TALLAHASSEE, FLORIDA

FILE

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

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.

If the 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 the record is filed

Dated Aug 16, 2024

Denise Paulovich
Denise Paulovich (Aug 16 2024 15:16 EDT)

Signature of a member or authorized representative of a member

Denise Y. Pavlovich

Typed or printed name of scribe

Filing Fee: \$25.00