

121 000051576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

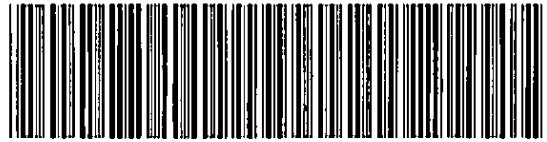
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400366888404

05/28/21--01005--004 \*\*30.00

FILED

2021 MAY 28 PM 2:17

CUIS  
Ahmed

JUN 16 2021  
ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Dog House 2 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:

Bruce D Halasz  
Name of Person

The Dog House 2  
Firm/Company

6261 S. Suncoast Blvd  
Address

Homosassa, FL 34446  
City/State and Zip Code

Schultzpam38@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce D. Halasz at ( 386 ) 473-2469  
Name of Person Area Code Daytime 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

The Dog House 2 LLC

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

FILED  
2021 MAY 28 PM 2:17  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 1-28-2021 and assigned  
Florida document number L21000051576

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6261 S. Suncoast Blvd  
HOMOSASSA, FL 34446

**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:

Bruce D. Halasz

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.

Bruce D. Halasz

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	David J Keen	6389 W. Sunrise LN	<input type="checkbox"/> Add
		Homosassa, FL 34446	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kathleen Kelly	6389 W. Sunrise LN	<input type="checkbox"/> Add
		Homosassa, FL 34446	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pamela Schultz	19 Foxgreen Ct	<input checked="" type="checkbox"/> Add
		Homosassa FL 34446	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bruce D Halasz	6275 W. Park DR	<input checked="" type="checkbox"/> Add
		Homosassa FL 34446	<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]

(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)

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 5/21/2021

Signature of a member or authorized representative of a member

David J. Keen

Typed or printed name of signee

**Filing Fee: \$25.00**