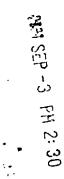


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:





09.403/21--01029-+019 *+25.00





Cover Letter

My phone number is 772-485-6918 & 9185 SF Athena St Hobe Sound, Fl 33455 (money order enclosed) Thank you so much for your help 🙂

COVER LETTER

Tallahassee, FL 32314

P.O. Box 6327

TO:	Registration Section Division of Corporat	
SUBJE	ст: <u>No</u>	Limit K-9 LLC
50001		Name of Limited Liability Company
The end	losed Articles of Amer	ndment and fce(s) are submitted for filing.
Please	eturn all correspondenc	ce concerning this matter to the following:
	_	Shannon Hembree Name of Person
		NO Limit K-9 LLC Firm/Company
	_	9231 SE Porkway dr. Address
	_	Hobe Sound, FL 33455 City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
For furt	her information concer	ning this matter, please call:
	SYNCIV Name of Perso	on Hembree at (561) 401 7057 Area Code Daytime Telephone Number
Enclose	d is a check for the foll	lowing amount:
6 52:	5.00 Filing Fee 🔲	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Section Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No Limit	K-9	LLC			_
(<u>Name of the Limited Liabil</u> (A Florid	a Limited Liabili	ty Company)	on our records.)		
The Articles of Organization for this Limited Liability (Florida document number <u>L 210006 0313</u>	Company were	e filed on <u>A</u>	ugust 13,	2021 and	1 assigne
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability	company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Lin					
Enter new principal offices address, if applicable:		9231	SE Par	rhwa	
Principal office address MUST BE A STREET ADD	<u>RESS)</u>	r. Hob	e Soun	d FL	3345E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere		9231 tope s	SE Park	EL 3.	Dr. 3455
agent and/or the new registered office address here:			**		
Name of New Registered Agent:	Jame	s Had	yer nena st		,
New Registered Office Address:	9185				
New Registered Agent's Signature, if changing Registere	•		la street address Florid	a 334 Zip 0	<u>55</u> Tode
new Registered Agent 5 Signature, it changing Registere	,u rigenti				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with at accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documer 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, enter the title, name, and address of each person being or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
MGR	James Hager	9185 SE Athena St	& ∧dd
		Hobe Sound Fl 33465	□Remove
			□Change
MGR	Shannon Hembree	923 SE Parhway	& Add
		Dr, Hobe Sound F1 330	15 ERemove
		्र दुवा के किया के किय इसके किया के क	□Change
		7. SET -3	Add
		P	□Remove
		2: 30	□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add

□ Ramova

25.4 SEP -3 PM 2:	3 P
SEP -3 PM	3 P
SEP -3 PM	3 P
SEP -3 PM	3 P
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P 3	70
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