

L21 000060373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

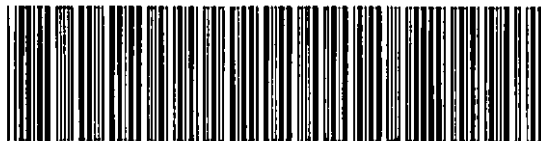
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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22 FEB 14 PM 3:14

T. MATTHEWS

FEB 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: No Limit k-9 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:

James Hager
Name of Person

No Limit k-9 LLC
Firm/Company

9185 SE Athena st
Address

Hobe Sound FL 33455
City/State and Zip Code

Nolimitk9LLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Hager at (772) 486-6052
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

No Limit K-9 LLC

22 FEB 14 Fil 3:14

(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 February 7th and assigned Florida document number L21000060373.

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)

9231 SE Parkway
Dr. Hobe Sound
FL 33455

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9231 SE Parkway Dr.
Hobe Sound FL
33455

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:

Jennifer Hager

New Registered Office Address:

9185 SE Athena St

Enter Florida street address

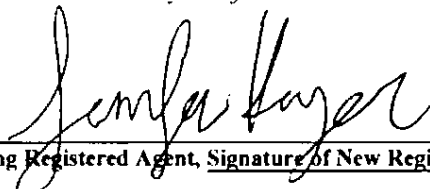
Hobe Sound, Florida 33455

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 Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jennifer Hager	9185 SE Athena St	<input checked="" type="checkbox"/> Add
		Hobe Sound FL 33455	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shannon Hembre	9231 SE Parkway	<input checked="" type="checkbox"/> Add
		Dr. Hobe Sound FL	<input type="checkbox"/> Remove
		33455	<input type="checkbox"/> Change
MGR	James Hager	9185 SE Athena St	<input type="checkbox"/> Add
		Hobe Sound FL 33455	<input checked="" 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]

(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.

Signature of a member or authorized representative of a member

Shannon Potter Hembre

Typed or printed name of signee