

L21000082125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

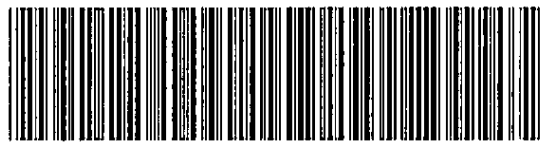
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RECEIVED
DIVISION OF CORPORATIONS
21 MAR 26 PM 2:25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Island Dawg Pet Spa, 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:

Christopher L Fotos

Name of Person

Island Dawg Pet Spa, LLC

Firm/Company

2010 Nettles Blvd

Address

Jensen Beach, FL 34957

City/State and Zip Code

sfotos@bellsouth.net

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

For further information concerning this matter, please call:

Christopher L Fotos

772 999-1004
at ()
Area Code Daytime Telephone Number

Name of Person

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**

SECRETARY OF STATE
DIVISION OF CORPORATION

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Island Dawg Pet Spa, 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 2/17/2021 and assigned
Florida document number L2000082125.

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 "L.L.C." 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)

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:

Susan Fotos

New Registered Office Address:

2010 Nettles Blvd

Enter Florida street address

Jensen Beach

Florida 34957

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

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Christopher L Fotos	2010 Nettles Blvd, Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Susan Fotos	2010 Nettles Blvd, Jensen Beach FL 34957	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Susan Fotos	2010 Nettles Blvd, Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Crystal Fotos	2010 Nettles Blvd, Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

When Articles of Incorporation was created we inadvertently put Chris as the registered agent
and Susan as the Manger. This was entered backwards. Susan does the paperwork for the corporation and is not
an employee. She is his wife who handles his paperwork without income for service. Crystal is an employee of the
business (dog groomer) and will also be a managing partner of the business. Did I enter it correctly this time? Pleas
323-9674 if this is not filed correctly and advise what I need to do. Susan is a legally disabled person on
Social Security disability and will not be working for the business. We do not want to jeopardize this status.
Christopher is the manging owner of Island Dawg Pet Spa.

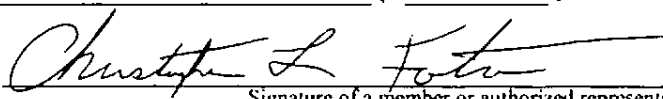
E. Effective date, if other than the date of filing: 2/17/2021 **(optional)**

(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 March 22, 2021



Signature of a member or authorized representative of a member

Christopher L. Fotos

Typed or printed name of signee