L21 000147380

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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2021

STACY YOUNG 6016 HAWELL ESTATES DR. DOVER, FL 33527

SUBJECT: SPOTESYOKIEKENNEL LLC Ref. Number: L21000147380

We have received your document for SPOTESYOKIEKENNEL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 021A00015280

www.sunbiz.org



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FLORIDA DEPARTMENT OF STATE Division of Corporations

2021 JUN 24 AM 11: 48111: 48

June 16, 2021

STACY YOUNG 2910 W ARCH ST TAMPA, FL 33527

SUBJECT: SPOTESYOKIEKENNEL LLC Ref. Number: L21000147380

We have received your document for SPOTESYOKIEKENNEL LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 221A00013482

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COVER LETTER

TO: Registration Section Division of Corporations

tesyokieken SUBJECT: mited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stary Joung Name of Porton
Firm/Company
2910 WArch 54
Address 33607 Tamon Elocida 33527
Tampa FLorida 33527
City/State and Zip Code
E-mail address: (to be used for future annual report furtication)

For further information concerning this matter, please call:

_at (<u>813</u>) <u>401-8455</u> Area Code Daytime Telephone Number Hacy Houng

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy radditional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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

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	AMENDMENT O DRGANIZATION DF
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	bennel LLC Iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000147380</u>	were filed on March 30, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liable</u> <u>Splesyockickencl</u> <u>LLC</u> The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (<u>Principal office address MUST</u> BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	2910 w arch St 33607 TamPa, FLorida
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	uddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	

|--|

istered Office Address:	2910 W arc	h <u>St</u> å
	Enter Florid	a street address
	TamPa	
	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.

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

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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)

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) <u>Note:</u> 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	1014	29	2021
	\mathcal{O}	£	tacy yame
		Signature of a r	member of authorized representative of a member
		5	stacy Voung
			Typed or printed name of signee

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