

L21000279469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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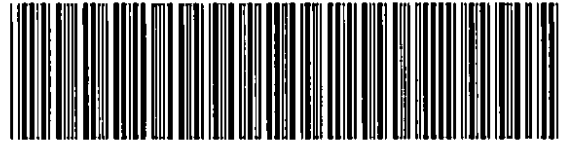
(Business Entity Name)

(Document Number)

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Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY <i>Corona Ona Maz Kennels, LLC</i>	FOR OFFICE USE ONLY

PICK ONE:

___ CERTIFIED COPY ☒ PHOTOCOPY ___ C.U.S.

FILING:

___ CORPORATION ___ LLC ___ LIMITED PARTNERSHIP ___ GENERAL PARTNERSHIP
___ FICTITIOUS NAME ___ SERVICEMARK/TRADEMARK ☒ AMENDMENT
___ FOREIGN QUALIFICATION ___ JUDGMENT LIEN
___ OTHER _____

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APOSTILLE/CERTIFICATION REQUEST:

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Amount of Documents _____

DATE 6/16/21 TIME _____

Notes: _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Corona Ona Maz Kennels, 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 6/15/2021 and assigned
Florida document number 421000279469

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) _____

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: _____

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.

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>
MGR/AMBR	William Flood	3000 Nassau Drive	<input type="checkbox"/> Add
		Vero Beach, FL 32960	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	William Flood, as Trustee of the Flood Family Revocable Trust dated September 1, 2011	3000 Nassau Drive	<input checked="" type="checkbox"/> Add
		Vero Beach, FL 32960	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Betsy Flood	3000 Nassau Drive	<input type="checkbox"/> Add
		Vero Beach, FL 32960	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Betsy Flood, as Trustee of the Flood Family Revocable Trust dated September 1, 2011	3000 Nassau Drive	<input checked="" type="checkbox"/> Add
		Vero Beach, FL 32960	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cristina Onalee Mazepink	2842 CR 756	<input type="checkbox"/> Add
		Webster, FL 33597-8001	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Patrick Mazepink	2842 CR 756	<input type="checkbox"/> Add
		Webster, FL 33597-8001	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

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

[illegible]

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)

Note: If the date entered 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 June 15 2021

M. K. Leens

Signature of a member or authorized representative of a member

Mary Kate Clem, Esq., as attorney for William Flood

Typed or printed name of signee

Filing Fee: \$25.00