

h21 000409106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

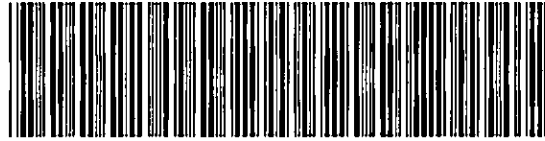
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22 AUG -8 AM 10:19  
DIVISION OF CORPORATION

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FLORIDA PET SITTERS, 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:

KRISTEN MARIE BUBIS

Name of Person

LOFTY CONSULTING, LLC

Firm/Company

P.O. BOX 1072

Address

ODESSA, FL 33556-1037

City/State and Zip Code

LOFTYCONSULTINGLLC@GMAIL.COM

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

For further information concerning this matter, please call:

KRISTEN MARIE BUBIS

727

424-2140

at ( )

Name of Person

Area Code

Daytime Telephone Number

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

FLORIDA PET SITTERS, 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 09/15/2021 and assigned  
Florida document number L21000409106.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LOFTY CONSULTING, LLC

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)**

3374 MERMOOR DRIVE #2102

PALM HARBOR, FL 34685-3128

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. BOX 1072

ODESSA, FL 33556-1037

**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:

KRISTEN MARIE BUBIS

New Registered Office Address:

3374 MERMOOR DRIVE #2102

*Enter Florida street address*

PALM HARBOR, FL

*City*

, Florida 34685-3128

*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	DMITRY BUBIS	P.O. BOX 1072	<input type="checkbox"/> Add
		ODESSA, FL 33556-1037	<input type="checkbox"/> Remove
		P.O. BOX 1072	<input checked="" type="checkbox"/> Change
MGR	KRISTEN MARIE BUBIS	ODESSA, FL 33556-1037	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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DIVISION OF CHILD ORANGE COUNTY

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

NAME CHANGE FROM FLORIDA PET SITTERS, LLC TO LOFTY CONSULTING, LLC

TITLE CHANGE -DMITRY BUBIS FROM VICE PRESIDENT TO MANAGER

TITLE CHANGE-KRISTEN MARIE BUBIS FROM PRESIDENT TO MANAGER

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DIVISION OF CORPORATE STATE  
REGISTRATION

**E. Effective date, if other than the date of filing:** 08/03/2022 **(optional)**

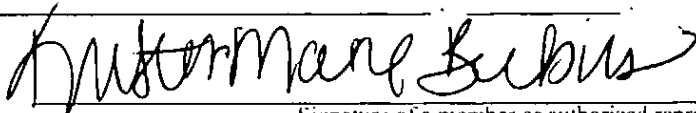
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 AUGUST 3, 2022

2022



Signature of a member or authorized representative of a member

KRISTEN MARIE BUBIS, MANAGER

Typed or printed name of signee