121000456019

(Requestor's Name)
(Address)
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(Cit. (Chan. 77) (10) and 40
(City/State/Zip/Phone #)
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

TO: Registration Sec Division of Corp		•	•	
SUBJECT: PAV	JFECTIONS	BOARDII	NG LLC	:
	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	,			
	Micha	Boyles		
		Name of Person		
	Pawfection	S Board	hing LLC	
		Firm/Company		
	4514 For+	Battorian Su	imter Rd	\
	<u>-1017707.</u>	Address		<u>,</u>
	WITO E	FL 3258	3	
	THITOTAL	City/State and Zip Code		
	mianaba	wiese for future annua		\rightarrow
	E-mail address: (to be used for future annua	l report notification)	
For further information co	neerning this matter, please ea	all:		
Mine Ba	× NOC	×50.	586 - 5	1108
Miana Bo	Person	at (<u>0 </u>	Daytime Telephone ?	Vuinber
Enclosed is a check for the	e following amount:			
X \$25.00 Filing Fee	El \$30.00 Filing Fee &	Cl \$55.00 Filing Fee	& E) \$60	0.00 Filing Fee,
W. Carrier L. Limis L. W.	Certificate of Status	Certified Copy tadditional copy is en	Conclosed) Co	ertificate of Status & ertified Copy
			tac	klitional copy is enclosed)
Mailing Address		Street A		
Registration S Division of Co		-	ration Section on of Corporations	
		₩., I, I, I, I	2. 201/2/2010/10	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



2021 050 17 711 7:42

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2021

MIANA BOYLES 4514 FORT SUMTER RD MILTON, FL 32583

SUBJECT: PAWFECTIONS BOARDING LLC

Ref. Number: L21000456019

We have received your document for PAWFECTIONS BOARDING 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.

You failed to sign and type/print your name in the spaces provided.

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.

Letter Number: 221A00029574

Irene Albritton
Regulatory Specialist III

www.sunbiz.org

DO TO TO THE TOTAL OF THE TOTAL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAWFECTIONS BOARDING 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 Con	mpany were filed o	m 10/19/202	and assig	med
Florida document number <u>L210004560</u>	19	•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability compa	nv here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company.	the designation "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, if applicable:			227	
(Principal office address MUST BE A STREET ADDRE	<u> </u>		<u> </u>	
			1	
Enter new mailing address, if applicable:			<u> </u>	, i ;
(Mailing address MAY BE A POST OFFICE BOX)			- <u>-</u> -	ر
		<u>. </u>	<u> </u>	
agent and/or the new registered office address here: Name of New Registered Agent:				
New Registered Office Address:	· Ente	r Florida street address		
		Florida		
	City	, Florida _	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performand int as provided for	ce of my duties, and I am r in Chapter 605, F.S. O	familiar with r, if this docum	and wnt is
	If Changing Registers	ed Agent, Signature of New R	egistered 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>	Name	Address	Type of Action
MGR	HNASTOSMIG Boyles	4514 Fort Summer	ReliXAdd
		Milton FL 32583	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
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1266	the days if ask maken she day fifth .
Note:	ive date, if other than the date of filing:
,	d 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 led.
Dated	12-14-2021
	12-14-2021 Mana Boyles Typed or printed name of signee
	111: 0 - 1/00
	TYIANA DOYLE

Filing Fee: \$25.00