

L21000505238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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09/12/23--01012--002 **25.00

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2023 SEP 12 PM 3:08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apply Presa Kennels LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Crystal Niglio
Name of Person

Firm Company

3506 Lullaby Rd
Address

North Port FL 34287
City, State and Zip Code

Crystalniglio@gmail.com
E-mail address (do not use for future annual report notifications)

For further information concerning this matter, please call:

Crystal Niglio
Name of Person

941
Area Code

596-9816
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 fee is required)

☐ \$100.00 Filing Fee
& Certificate of Status &
Certified Copy
(additional fee is required)

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 32304

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Apply Pusa 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 11/29/2021 and assigned
Florida document number 621000505238.

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" or the abbreviation "LLC."

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)

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TALLAHASSEE, FL

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:

Crystal Niglio

New Registered Office Address:

3586 Lullaby Rd

North Port

Florida

34287

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. If this document is being filed to merely reflect a change in the registered office address, I hereby certify that the limited liability company has been notified in writing of this change.

[Signature]

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>
	Demario Hayes	5600 16 th St W.	☐ Add
		Bradenton FL 34207	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove

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2023 SEP 12 PM 3:08
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

