

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRITTANY SPANIEL, LLC

Certificate of Status	0
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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRITTANY SPANIEL, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000507585</u> .	y were filed on 11/30/21 and as:	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		<u>_</u> _
		<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the ne	<u>w register</u>
Name of New Registered Agent:	<b>♥</b> #=1,0	9
New Registered Office Address:		<u>-</u> ₽
New Registered Office Address.	Enter Florida street address Florida	FILED
	City Zip Code	7
New Registered Agent's Signature, if changing Registered Agent:	E CONTRACTOR OF THE CONTRACTOR	<del></del>
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change	e performance of my duties, and I am familiar wi provided for in Chapter 605, F.S. Or, if this doc	ith and ument is

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>	Name	Address	Type of Action
AMBR	DogBaitz, LLC	7901 4TH ST N	<b>X</b> Add
		STE 300	□Remove
		ST. PETERSBURG, FL 33702	□Change
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			□Remove
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			□Add
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n effective date is listed, the date tele: If the date inserted in this	must be specific and cannot block does not meet the	nt be prior to date of filing he applicable statutory	or more than 90 days after fi filing requirements, this c	ling.) Pursuant to 605.020 late will not be listed t
cument's effective date on the	Department of State's	records.		
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ecord specifies a delayed effec	tive date, but not an ef	fective time, at 12:01 a	.m. on the earlier of: (b)	The 20th day after th
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Kilmy	Signature of a member	er or authorized represent	ative of a member	AIL SE

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