L22000291892

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) date (Only)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900398835429

LLC Amend

2022 DEC 14 AM 10: 14

022 DEC 14 PM 2: 2

A. RAMSEY DEC 15 2022

FLORIDA FILING & SEARCH SERVICES, INC.

P.O.BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/14/22

NAME: CS S ROYAL KENNELS LLC

TYPE OF FILING: AMENDMENT

COST:

60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

	Registration S Division of Co			
SUBJEC	CS S ROY	AL KENNELS LLC		
CODULC		Name of Lin	mited Liability Company	
The enclo	osed Articles of	f Amendment and fec(s) are su	bmitted for filing.	
		ondence concerning this matter	-	
		Clarence A. Scott IV		
			Name of Person	-
		CS S Royal Kennels LLC		
			Firm/Company	
		6224 Springmont Loop		
			Address	
		Palmetto, FL 34221		
			City/State and Zip Code	
		clarence.scottiv@gmail.cor	n	
		E-mail address: (to be used for future annual report not	ification)
For further	r information c	oncerning this matter, please c	all:	
Clarence A	A. Scott IV		727 430-4844	
	Name o	f Person		ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.00	9 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Sailing Addres		Street Address:	
	egistration S livision of C		Registration Se	
	O. Box 632		Division of Cor The Centre of T	
T	allahassec, F	FL 32314		e Street Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 DEC 14 AM 10: 14

and assigned
reviation "L.L.C."

of the new register
Zip Code
Zip Code
to comply with th

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
MGR	Clarence A. Scott IV	6224 Springmont Loop Palmetto FL, 34221	5
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			ПRетюче
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

. 11 HIN	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
he reco ord is f	ord 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 filed.
Dated	M. R.
	Signature of a member or authorized representative of a member
	Clarence A. Scott V Typed or printed name of signee