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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

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

mail #	Address:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POOCH PARADE LLC

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### **COVER LETTER**

	ration Sec n of Corp	ction porations					
SUBJECT:	оосн ра	ARADE LLC					
SUBJECT.	<del></del>	Name of Limited Liability Company					
		Amendment and fee(s) are sub	-				
		Cheyenne Moseley					
		Name of Person					
		Legalzoam.com, Inc.					
			Firm/Company	· · · · · · · · · · · · · · · · · · ·			
		101 N Brand Blvd 11th Fl					
		Address					
		Glendaic, CA 91203					
		<del></del>					
	chammo02@gmail.com						
For further infor	mation co	E-mail address: ( oncerning this matter, please co	to be used for luture annual report notiff ali:	ceyon)			
Cheyenna Mose	ley		800 773-0888 at ( )				
<del>~</del>	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is a cho	eck for the	e following amount:					
<b>\$25.00</b> Fillin	g Fee	S30.00 Filing Pee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	34 4 11 1	NC 4 BBBF96.	STDEFT/COUDIE	B ADDRESS.			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassec, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POOCH PARADE LLC		
(Same of the Limited Liability Com (A Plotida Limite	nany as it now annears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compart Florida document number <u>L23000188242</u>	ny were filed on 04/17/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the now name of the limited li	ability company here:	
Tampa Pooch Parade LLC		
The new name must be distinguishable and contain the words "Limited Lis	bility Company," the designation "LLC" or the ab	breviation "L.L.C."
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)	<del></del>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:		the name of the new
		023
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	ıtı	A 10
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I am f s provided for in Chapter 605, F.S. Or,	omiliär with:and If this document is
<u>If Ci</u>	nanging Registered Agent, Signature of New Re	sistered Agent

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To:

#### AH TAMPA NURSING RESOURCES 8136157450

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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

Title	Name	Address	Type of Action
AMBR	Christopher Hammond	2103 N JEFFERSON ST TAMPA, FL 33602	■ Add
<del></del>		Agent Annie de Marie de Marie de Marie de La Marie de La Marie de La Marie de La Marie de Marie de Marie de La Marie de	
			□ Remove
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		***************************************	☐ Remove
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. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	e date, if other than the date of filing:  (optional)  tive 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)X the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
fthe reco b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	May 1 . 2023
	O Profession Contraction of the
	Signature of a member or aethorized representative of a member
	Justin Langford
	Typed or printed name of signee

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Filing Fee: \$25.00