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





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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lorene Thomas		
		Name of Person	
	Lorie's Creative Quilting L	JLC	
		Firm/Company	>
	312 Appaloosa Ave		
		Address	
	Saint Augustine FL 32095		
		City/State and Zip Code	•
	E-mail address: (to be used for future annual report notification)	
For further information e	oncerning this matter, please c	all:	
Lorene Thomas		479 2704651	
Name o	f Person	at ()	
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	
Division of C	orporations	Division of Corporations	
P.O. Box 632	<u>?</u> 7	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lorie's Creative Quilting LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on October 17, 2023	and assigned
Florida document number 1.23000475460		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Comfy Paws at Home LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		- `
		· .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floric	1
	Ciny	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I rovided for in Chapter 605, F.S	am familiar with and . Or, if this document 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	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date mu Sote: If the date inserted in this b ocument's effective date on the E	st be specific and lock does not m	cannot be prior to neet the applicab	date of filing or mole statutory filing	ore than 90 days af	tional) er filing.) Porsuant to his date will not be	o 605,0207 (: listed as (
record specifies a delayed effective d is filed.	e date, but not	an effective tim	ie, at 12:01 a.m. (on the earlier of:	(b) The 90th day	after the
October 15		2024	_ ·			
In la						

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lorie's Creative Quilting 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 October 17, 2023 ____ and assigned Florida document number <u>L23000475460</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Coinfy Paws at Home LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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) 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: New Registered Office Address: Enter Florida street address ___. Florida __

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

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			☐Change
			□Add
			□Remove
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cord specifies a delayed c filed.	ffective date, but	not an effective (ime, at 12:01 a.m.	on the carlier of: (b)	The 90th day after th
October 15		2024			
Jon .	loxue		<u> </u>		
7-47-141		,	orized representative	-C	

Filing Fee: \$25.00