

NO4000001113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

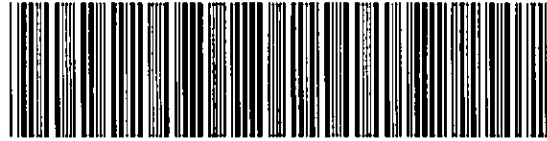
(Business Entity Name)

(Document Number)

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FILED  
2019 JUN 25 PM 1:34  
JAN 25 2019

2018 JUN 25  
T. LEMLEY

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Haile's Angels Pet Rescue, Inc.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nouvelle L. Gonzalo, Esq.

Name of Person

Gonzalo Law LLC

Firm/Company

4111 NW 16TH BLVD, #357834

Address

Gainesville, FL 32605

City/State and Zip Code

ngonzalo@gonzalolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nouvelle L. Gonzalo, Esq. 216 527.7777  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Haile's Angels Pet Rescue, Inc.

2019 JAN 25 PM 1:34

(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 01/26/2004 and assigned  
Florida document number N04000001113

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," 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 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

City, Florida

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. 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.*

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Barbara Tufts		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5231 SW 91st Drive Gainesville, FL, 32608	<input checked="" type="checkbox"/> Change
VP	Stephanie Gordon	5231 SW 91st Drive Gainesville, FL, 32608	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Becky Gill		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5231 SW 91st Drive Gainesville, FL, 32608	<input checked="" type="checkbox"/> Change
MBR	Dr. Samantha Rivera		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5231 SW 91st Drive Gainesville, FL, 32608	<input checked="" type="checkbox"/> Change
TR	Shannon Reintgen	5231 SW 91st Drive Gainesville, FL, 32608	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Johnathan Miot		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5231 SW 91st Drive Gainesville, FL, 32608	<input checked="" type="checkbox"/> Change

[illegible]

(If an effective 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)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 23, 2014  
Neuville L. Gonzalo (Atty Representative)  
 Signature of a member or authorized representative of a member  
Neuville L. Gonzalo (Atty Representative)  
 Typed or printed name of signee