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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

## **WALK IN**

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Ø	FILING	LLC Amendment
	TASTY DOG	
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#### **COVER LETTER**

Division of Corporations
UBJECT: Tasty Dog LLC  Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Laura L. Lee  Name of Person  Tasty Dog  Prin/Company  5627 Verna Blvd Unit 1  Address  Tacksonville Fl 32244  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Lawa Lee at 904 - 742. 7310  Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa-	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>Feb 23/16</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		e abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5627 Verna B Jacksonville, F	Ival Scrite 1 -6 32205
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the n</u>	ame of the new registered
New Registered Office Address:	Enter Florida street address Florida	TO TO
	City	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.

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing: (optional)  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 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the rec	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.
Date	d November 3rd 2020
	Tamot fu
	Signaldre of a member or authorized representative of a member

Filing Fee: \$25.00