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To:

Division of Corporations Fax Number : (850)617-6383

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Account Name : LEGALZCOM.CCM INC. Account Number : 120010900062 Pnone : (323)962-8600 Fax Number : (323)962-3969

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

Email Address:

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COVER LETTER

| TO; Registration Se Division of Cor | | | |
|--|--|--|--|
| | G OUTLET, LLC | | |
| SUBJECT: | Name of Limi | ted Liability Company | |
| | Amendment and fee(s) are sub- indence concerning this matter | | |
| | Cheyenne Moseley | | |
| | | Name of Person | |
| | Legalzoom.com, Inc. | | |
| | | Firm/Company | |
| 101 N. Brand Blvd., 11th Floor | | | |
| Address | | _ | |
| | Glendale, CA 91203 | | |
| | | City/State and Zip Code | |
| | Hairguru 1218@gmail.com | in to be used for future annual report notifi | cation) |
| For further information of | oncerning this matter, please or | | |
| Imelda Vasquez | | 800 773-0888 ex | |
| | it Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & 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) |
| | ING ADDRESS: | STREET/COURIE Registration Section | = : |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

From, Sylvia Pauli

| RAW DOG OUTLET, LLC | | |
|---|--|---------------------|
| (<u>Name of the Limited Liabi</u> (A Floric | lity Company as it now appears on our recorda Limited Liability Company) | <u>(b.)</u> |
| The Articles of Organization for this Limited Liability (Florida document number 1.20000118641 | Company were filed on 05/01/2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The Laiyah Staxks Collection LLC | | |
| The new name must be distinguishable and end with the words "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office address address address address address address address address and/or the new registered office address | istered office address on our record | EN JUL - 7 AH 10:35 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florula street addre | |
| | City: | lorida Z:p 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

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| AMBR = Authorized Member | | | | |
|--------------------------|-------------|----------|----------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | |
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To: 18506176383 Page: 6 of 6 2021-07-07 11:02:17 PDT LegalZoom.com, Inc. 5/20/2021 11:10 AM FROM: Office Depot #258 P. 4 / 4

| Đ. | If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----|--|
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| | |
| E. | Effective date, if other than the date of filing: |
| | Dated May 20 2011 - Adams 21- |
| | Signature of a member or authorized representative of a member |
| | Alayah Burton |

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Typed or printed name of signee

Filing Fee: \$25.00



From: Sylvia Paull