120000345407

(Requestor's Name)	-
(Address)	-
(Address)	_
(City/State/Zip/Phone #)	-
☐ PICK-UP ☐ WAIT ☐ MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Fiting Officer	7

Office Use Only



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2021 MAY 19 AH II:

CALL LINGED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/19/2021			
		WALK	[N
ENTITY NAME DEVIN A	NN DESIGN LLC		
	•		
DOCUMENT NUMBER			
	PLEASE FILE THE ATTACHED AND RETURN		
XXXX	Plain Copy	**MFEB	7 4 76
	Certified Copy		
	Certificate of Status		
P.	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY		
	Certified Copy of Arts & Amendments		
	Certificate of Good Standing	14.5	711
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINATION	DN	_	
NUMBER OF CERTIFICAT	ES REQUESTED	_	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072		•
Please call Tina at the	e above number for any issues or concerns. Thank you so h	much!	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Devin Ann Design LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our records ted Liability Company)	.)
The Articles of Organization for this Limited Liability Compa	any were filed on 10/30/2020	and assigned
Florida document number L20000345407		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Epi Pup Warrior LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
		•• , , }
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>'</u>
· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered offic	ce address on our records, enter t	the name of the new register.
agent and/or the new registered office address here:		The second second
Name of New Registered Agent:		구금 0
		, , which shall
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	CHV	гір Сойс

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>	Address	Type of Action
			□Add
			□Remove
			——————□Change
			□ Add
			Remove
			□Change
			DAdd
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Effective date, if other that fan effective date is listed, the da Note: If the date inserted in the document's effective date on	his block does	not meet the a	ipplicable stat	f filing or more utory filing re	(option than 90 days after quirements, this	onal) tiling.) Pursuant date will not	to 605.0207 be listed as
record specifies a delayed ef d is filed.	rective date, bu	at not an effec	tive time, at 1	2:01 a.m. on t	he earlier of: (b)	The 90th da	y after the
5/18 Dated		2021					
7ateu							

Filing Fee: \$25.00