## L21000028479

(Red	questor's Name)	<del></del>
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

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TO:	Registration Se Division of Cor			
SUBJE	Pawsitively	Natural Dog Bakery, LLC		•
SOBJE	CI	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn ali correspo	ondence concerning this matter	to the following:	
		Heather Rust		
			Name of Person	<u> </u>
		Pawsitively Natural Dog E	Bakery	
			Firm/Company	<del></del>
		12804 Ellis Island Drive		
			Address	
		Jacksonville, FL 32224		
		<del></del>	City/State and Zip Code	<del></del>
		hlrust05@gmail.com		
			to be used for future annual report not	ification)
For furth	ner information e	oncerning this matter, please c	all:	
Heather	Rust		904 651-8023	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	I is a check for th	ne following amount:		
<b>■</b> \$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction
	Division of C	forporations	Division of Co.	rporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pawsitively Natural Dog Bakery, LLC					
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our ed Liability Company)	records.)			
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000028479</u> .	any were filed on $\frac{1/12/2021}{}$	and assigned			
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 Li-	ability Company," the designation	n "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 offic agent and/or the new registered office address here:	ce address on our records,	enter the name of the new registere			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida stree	address			
		, Florida Zip Code			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agen	nt:				
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi	ete performance of my dut is provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is			

company has been notified in writing of this change.

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
MGR	Heather Rust	12804 Ellis Island Drive	■Add
		Jacksonville, FL 32224	□Remove
			☐ Change
AMBR	Nick Rust	12804 Ellis Island Drive	≣Add
		Jacksonville, FL 32224	□Remove
			Change
<del></del>		<del> </del>	□Add
			Remove
			Change
			□Add
		<del> </del>	Remove
			□Change
	<del></del>		DAdd
			Remove
			Change
<u></u>			\_Add
			Remove
			□ Change

Effective date, if other than the date of filing:  [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 605.0  [and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed focument's effective date on the Department of State's records.  [and May 18]  [an					
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Signature of a member or authorized representative of a member	an effective date is listed, the date must Note: If the date inserted in this bloocument's effective date on the De- record specifies a delayed effective I is filed.	ock does not meet the app' epartment of State's record e date, but not an effective 2021	licable statutory filing reds.		will not be listed as
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Filing Fee: \$25.00