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TO:

	Registration S Division of Co			
SUBJEC	All Americ	can Pup, LLC		
SUBJEC	. J :	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Mary Hudson		
			Name of Person	
		All American Pup, LLC		
			Firm/Company	
		3218 Charles MacDonald	Drive	
			Address	
		Sarasota, FL 34240		~?
			City/State and Zip Code	
		mbhudson@live.com		
		E-mail address: (to be used for future annual report noti	fication)
For furthe	er information c	concerning this matter, please c	all:	•
Mary Hu	dson		941 3022489	
	Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed	is a check for the	he following amount:		
■ \$25. 0	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 Addres		Street Address:	otion
	Registration S Division of C		Registration Sec Division of Cor	
ı	P.O. Box 632	27	The Centre of T	`allahassee
•	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All American Pup, LLC (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 November 16, 2022 and assigned Florida document number L22000490531 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: (MajKng 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 Florida City 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Paris Hudson	3218 Charles MacDonald Drive	
		Sarasota FL 34240	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			⊡Add
			□Remove
			Change
			□Add
			□Remove
			□Remove

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	<u>.</u>	
		~ 1
		• 2.
fective date, if other than the	e date of filing:	(optional) g or more than 90 days after filing.) Pursuant to 605.020
an effective date is listed, the date mu ote: If the date inserted in this b ocument's effective date on the E	lock does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
ecord specifies a delayed effectivis filed.	e date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
January 6	Signature of a member or authorized representation	
	J 4 7	
May +	luckon	

Filing Fee: \$25.00