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S. HAWKES

AUG 2 5 2009

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LOK PUPPY LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARLO CIPRIANI
Please return all correspondence concerning this matter to the following:  CARLO CIPRIANI  Name of Person  Firm/Company
16258 Sw Ty Hy LAUE
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARLO CLPRIANI at (786) 223-2796  Area Code & Daytime Telephone Number
Name of Telson
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOK, Pu	PRY LLC			
( <u>Name of the Limited Li</u> (A FI	ability Company as it now apported Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>408 0000</u> 79	ility Company were filed on	0 10-2008	and assigned	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	e limited liability company l	ierę:	18.00 E.	
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Con	npany," the designation "l	LCV of the abbreviation	
Enter new principal offices address, if applicab	le:		<u>्रा</u> ु <u>।                                   </u>	
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address or	our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:		RIANI		
New Registered Office Address:	16258 SW	14 th LANE	<del></del> ·	
Enter Florida street address				
-	MIAMI	, Florida	33185	
New Registered Agent's Signature, if changing Reg	City		Zip Code	
I hereby accept the appointment as registered of the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this cha	ngent and agree to act in this per and complete performan red agent as provided for in tistered office address, I hero	ce of my duties, and I c Chapter 608, F.S. Or,	am familiar with and if this document is	

Page 1 of 2

If Changing Registered Agent Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> <u>Address</u> MGRM MONICA DHIGADO Remove Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August 18 Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00