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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number)			
Certified Copies 🙉 🥜	Certificates	of Status		
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Special Instructions to I	Filing Officer:			





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FILED
2009 OCT 29 AM 10: 48
SECRETARY OF STATE
ANA SSEE, FLORID

M. THOMAS

OCT 3 0 2009

**EXAMINER** 

## **COVER LETTER**

TO;	Registration S Division of Co			
SUBJE	CT:	Puj	otails, LLC	
		Name of Lim	ted Liability Company	
		f Amendment and fee(s) are sub condence concerning this matter		
			Louise LeBourdais	
Name of Person			Name of Person	
Pupta			Puptails, LLC	
		Firm/Company		
	8049 Monetary Drive Suite D-1		Monetary Drive Suite D-1	
			Address	
		Rin	viera Beach, FL 33404	
			City/State and Zip Code	
		louise.lebou	urdais@flavorfulbeverages.com	
		E-mail address: (	to be used for future annual report notification)	
For fur	ther information	concerning this matter, please of	all:	
	Lou	ise LeBourdais	at (561) 842-7978  Area Code & Daytime Telephone Number	7
	Name	of Person	at (561) 842-7978  Area Code & Daytime Telephone Number	3
Enclose	ed is a check for	the following amount:	JAIL 68	
<b>₹</b> 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		LING ADDRESS:	STREET/COURIER ADDRESS: Registration Section	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Puptails, LLC			
( <u>Name of the Limited Li</u> (A F)	ability Company as it now appea orida Limited Liability Company)	rs on our records.		
(	······································			
The Articles of Organization for this Limited Liab	ility Company were filed on	May 26, 2009	and assigned	
Florida document number L09000508	<del>94</del>			
This amendment is submitted to amend the follow	ing:			
A. If amending name, <u>enter the new name of th</u>	<u>ie limited liability company he</u>	<u>re</u> :		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	)X)		. ~	
			AL SE	
		<del></del>	PR C	
B. If amending the registered agent and/or		our records, <u>enter tl</u>	ne frame of the new	
registered agent and/or the new registered offic	<u>e address here</u> :		SEE T	
			THE C	
Name of New Registered Agent:			AM 10: 48  OF STATE  OF STATE	
New Registered Office Address:			7>	
	Enter Florida street address			
		, Florida		
	City		Zip 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 608, 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 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 = Månager MGRM = Managing Member **Type of Action Title** Name <u>Address</u> MGR Cheryl Klein 7470 Blue Heron Way West Palm Beach, FL 33412 ✓ Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 24 2009 Dated Signature of a member or authorized representative of a member Louise LeBourdais

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00