# L10000072360

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# **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:	Name of Limi	OUNDS, LLC ited Liability Company	•
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		onna Merelli	
	<u> </u>	Name of Person	
	1305 W	Palme Ho Parl	<u>c</u> Rd
	Boca	Raton, F2 33 City/State and Zip Code	486
-	E-mail address: (i	ry down (a) ao l	, COM
For further information conc	erning this matter, please ca	all:	
DONNA Name of Pe	Merelli	at (561) HIC Area Code Daytime To	ol9 delephone Number
Enclosed is a check for the f	ollowing amount:		
<b>x</b> /	□ \$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 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

3	Hounds. LLC		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi	lity Company were filed on $\frac{2 9 10}{12360}$	and ass	igned
This amendment is submitted to amend the followi	ng:		
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.	L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:		<b>三</b> 访	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	B B	
		35 <b>3</b>	Emissian Turketa
D If amonding the negletened agent and/ou	registered office address on our records, enter		
registered agent and/or the new registered office	e address here:	ORIGO	'mer'
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	<u> </u>	
	, Florida		
•	City	Zin Code	<del></del>

### 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 = Au	ithorized Member	•
<u>Fitle</u>	Name Dominic Merelli	Address  1305 W Palmetto Park Rd Boxalaton, Fz 33486 KRemove
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to do Note:  If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.		
and the second said on the population of side 5 feeding.		
ne record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12:01 a.m. o	n the earlier o
Dated Signature of a member or authorize	ed representative of a member	
Danie lo comment of a month	Merelli	

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Filing Fee: \$25.00