UCCCOALT

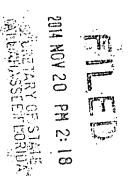
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900266181589

11/20/14--01006--002 **25.00



A COLOR

COVER LETTER

Division	Section Corporations	
Hog	Dogs Express, LLC	
SUBJECT:	Name of Limited Liability Company	_
The enclosed Artic	of Amendment and fee(s) are submitted for filing.	
	spondence concerning this matter to the following:	
	Orion W. Croom	
	Name of Person	
	Hogs Dogs Express, LLC	•
Firm/Company		_
	14290 NE 75th Street	
	Address	
	Bronson, FL 32621	75 No.
	City/State and Zip Code	
	HogsDogsExpress@gmail.com E-mail address: (to be used for future annual report notification)	2014 NOV 20
For further informa	n concerning this matter, please call:	
Wesley D. Cro	m 352 316-3038	PH 2: GE-SIA FLOR
1	ne of Person Area Code Daytime Telephone Num	
Enclosed is a chec	or the following amount:	
■ \$25.00 Filing I	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	ILING ADDRESS: STREET/COURIER ADDRESS istration Section 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

Hogs Dogs Express, LLC	•	
(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L10000092677		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	·
Same		
The new name must be distinguishable and end with the word	s "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 A	DDRESS)	
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	2014
B. If amending the registered agent and/or a	registered office address on our records, er	nter the name of the new
registered agent and/or the new registered office		
Name of New Registered Agent:		H 2: I
		(1) CO
New Registered Office Address:	Enter Florida street address	
-	, Florid	a 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Orion W. Croom	14290 NE 75th Street	_ Add
		Bronson, FL 32621	Remove
AMBR	Wesley D. Croom	14290 NE 75th Street	
		Bronson, FL 32621	■ Remove
MGR	Wesley D. Croom	14290 NE 75th Street	Add
		Bronson, FL 32621	□ Remove
MGR	Orion W. Croom	14290 NE 75th Street	2017 Add OV
		Bronson, FL 32621	SSS Remove
		<u> </u>	2: Co Add
			□ Remove
			Remove

amending any other miorination	n, enter change(s) here: (Attach addition	ai sneeis, y necessary.)
fective date, if other than the date effective date must be specific, cannot be date this document is filed by the Florid	e prior to date of receipt or filed date and cannot be	(optional) more than 90 days after
November 17	2014	
	ley D. Coom pature of a member or authorized representative of	
Sign	pature of a member or authorized representative of	a member
Wesley D. Croom		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

