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OCT 2 2 2013 T. HAMPTON

COVER LETTER

TØ:	Registration Sect Division of Corp		, €	
SUBJE	CT: PUP	PIES - PUPPIES - I Name of Limited	Puppies LCC. Liability Company	
The end	closed Articles of A	mendment and fee(s) are submit	tted for filing.	
Please 1	return all correspond	dence concerning this matter to	the following:	
		<u>Michael</u>	Fernandez Name of Person	
			Firm/Company	
		Lets bened	Address	
		CASSelberry	Ity/State and Zip Code	 ,
		DS4964 E-mail address: (to be	@ MSN. COM e used for future annual report notificati	on)
For furt	her information con	cerning this matter, please call:	•	
Mi	Chacl or T	Deborah Fernande Person	22 at (561) 289–99 Area Code & Daytime Te	461 Jephone Number
Enclose	ed is a check for the	following amount:		
/			□\$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

Pyperes-Pupe	PICS-PUPPICS LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our prida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L 10006 26</u>	•	and assigned ASECTOR OCT TOTAL AND TOTAL
This amendment is submitted to amend the following	ng:	67. P2
A. If amending name, enter the new name of the	e limited liability company here:	70
A CHARMING MOME	of LLC.	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e: Le15 benedi	ct way
(Principal office address MUST BE A STREET A	e: Lets benedi (DDRESS) casselberry	FI 32707
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	la 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 = Manager

MGRM = N	Managing Member			
<u>Title</u>	<u>Name</u>	N/A	Address	Type of Action
		<u>`</u>		Aud
				Remove
				- -
				Add
				Remove
				- -
				_ L Add
			TALLARA LLARA	Remove
				22 Add
				Add 3:
				Add
				Remove
		· ·		Add
				Remove

ımending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Signature of a member or authorized representative of a member
	Michael Fernandez Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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