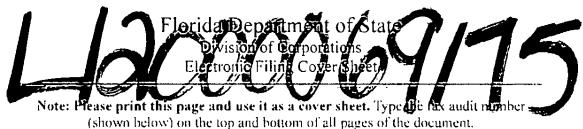
5/16/24, 11:48 AM

Division of Corporations



(((H240001764313)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)527-6617 Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RELEASE THE DOGS LLC

Certificate of Status Certified Copy 0 03 Page Count Estimated Charge \$25.00

Electronic Filing Menu Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELEASE TH	E DOGS LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility (Company)	
The Articles of Organization for this Limited Liability Company we Florida document number 1.12000069175	ere filed on 05/23/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		202
	~`- 	
B. If amending the registered agent and/or registered office ad	dress on our records, enter the nar	ne of the new registered
agent and/or the new registered office address here:		5 -
Name of New Registered Agent:		의 로 🖺 🗀
Name of New Registered Agent.		· d
New Registered Office Address:	Finer Florala street address	3 3 3 S
		Á
	Florida	Zıp 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, E.S. Or, if this document is being filed to increly reflect a change in the registered affice 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

H24000176431 3

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 = Authorized Member

Title	Name	<u>Address</u>	Type of Action
AMBR	CHOSA LTD	1549 NE 123RD ST	■Add
		NORTH MIAMI, FL 33161	_
			[□('hange
MGRM SULBORN TRADING LIM	SULBORN TRADING LIMITED	1549 NE 123RD ST	□Add
		NORTH MIAMI, FL 33164	■Remove
	-		UAdd
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Effective date, if other than the date of filing:					
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Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after thing.) Pursuant to 605,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.					
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	Dated APRIL 19TH	2024	0		
1 6		13.			
Signature of member or authorized representative of a member	Si	gnature of member or authoriza	ed representative of a member		

Typed or printed name of signee