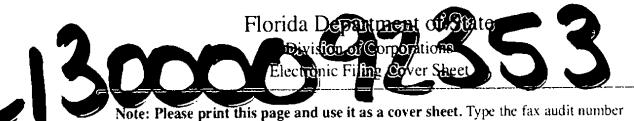
11/9/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*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 POGGIS ANIMAL HOUSE LLC

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Certified Copy	0	
Page Count	04	
Estimated Charge	\$25.00	

Electronic Filing Menu Corporate Filing Menu

Help

pq 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POGGIS ANIMAL HOUSE LLC					
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our recorded Liability Company)	<u>s.</u> )			
The Articles of Organization for this Limited Liability Comparison document number <u>L13000092353</u>	ny were filed on <u>06/27/2013</u>	and assigned			
This amendment is submitted to amend the following:					
The Articles of Organization for this Limited Liability Company were filed on 66/27/2013 and assigned Florida document number L13000092353  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".  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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the satew registered.					
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LLC	" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		N. 2			
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Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		k minut			
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B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street addres	75			
	. Florida				
	City	Zip Code			

## New Registered Agent's Signature, if changing Registered Agent:

11/09/2020 10:12 AM

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 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

.1/09/2020 10:12 AM

<u>Title</u>	Name	Address	Type of Action
MGMR	Peter A. Poggi	11365 Earnest Blvd	<b>⑤</b> Add
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November 9	2020			
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