L14000 153322

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| SUBJEC | CT: | FATDØG I | PROPERTIES LLC | | # # W |
| | | | Name of Lin | ited Liability Company | |
| The enel | lasa.t | Artiglas af | Amendment and fee(s) are sub | united for films | |
| | | | | | |
| Please re | eturn | all correspo | ndence concerning this matter | to the following: | |
| | | | PATRICK DOUGLAS | | |
| | | | | Name of Person | |
| | | | | 0 10 | |
| | | | | Firm/Company | |
| | | | | | |
| | | | | Address | |
| | | | LAKE CITY, FL 32055 | | |
| | | | | City/State and Zip Code | |
| | | | INFO@DOUGLASANDC. | | |
| | | | | to be used for future annual i | report notification) |
| For furth | ier in | formation co | oncerning this matter, please ca | all: | |
| PATRIC | CK D | OUGLAS | | 904 327 at () | 7-1804 |
| _ | | Name of | Person | Area Code | Daytime Telephone Number |
| Enclosed | l is a | check for th | e following amount: | | |
| ■ \$25. | 4 0 0. | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy tadditional copy is encl | Certificate of Status & |
| | | ling Address | | Street Ad | |
| | _ | istration S ision of Co | orporations | - | tion Section of Corporations |
| | P.O | . Box 632 | 7 | | tre of Tallahassee |
| | Tall | ahassee, F | FL 32314 | 2415 N. | Monroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FATDOG PROPERTIES LLC | | | | |
|--|--|--|--|-------------------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited I | ny as it now appears on our rec- liability Company) | ords.) | |
| The Articles of Organization for this Limited I Florida document number <u>L14000153322</u> | Liability Company | were filed on 10/01/2014 | | _ and assigned |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name | o <u>f the limited liab</u> i | lity company here: | | |
| The new name must be distinguishable and contain the | | ity Company," the designation "l. | LC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if appli | | <u> </u> | | |
| Principal office address MUST BE A STRE. | ET ADDRESS) | | Mag. | 8 —— |
| Enter new mailing address, if applicable: | | | 新 斯斯 | 3- 130 |
| Mailing address MAY BE A POST OFFICE | | • | * 1 | |
| | 37 0.47 | | ÷. | |
| | | | THE STATE OF THE S | - ;- - 33 |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | ddress on our records, <u>ent</u> | <u>er the name o</u> | f the new register |
| Name of New Registered Agent: | PATRICK DOU | JGLAS | | |
| New Registered Office Address: | 177 NW MADI | SON STREET | | |
| registered Office Audiesa. | | Enter Florida street add | lress | |

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.

City

Talrid V. Sin

LAKE CITY

If Changing Registered Agent, Signature of New Registered Agent

_____, Florida 32055 Zip Code 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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------|---------------------|----------------|
| MGR | SARA J CARTER | 177 NW MADISON ST | []Add |
| | | LAKE CITY, FL 32055 | |
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| ective date, if other than the da | te of filing: | | (optional) | |
| effective date is listed, the date must be te: If the date inserted in this block | specific and cannot be pri- does not meet the appl | or to date of filing or mo icable statutory filing | re than 90 days after filing.) requirements, this date v | Pursuant to 605.0201 vill not be listed as |
| ument's effective date on the Depar | rtment of State's record | ls. | • | |
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| cord specifies a delayed effective da s filed. | ite, but not an effective | time, at 12:01 a.m. o | n the earlier of: (b) The | 90th day after the |
| ed OCTOBER 5 | 2020 | · | | |
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Filing Fee: \$25.00