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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

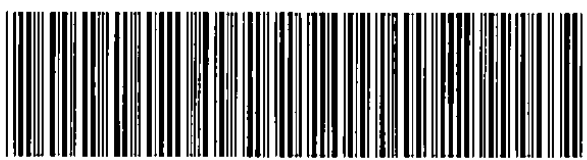
(Business Entity Name)

(Document Number)

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2024 NOV 19 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

Registration Section  
Division of Corporations

CT: Dishes For Dogs, LLC  
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

Wanda ORourke  
Name of Person  
Dishes For Dogs, LLC  
Firm/Company  
208 Jefferson Ave, Apt 103  
Address  
Miami Beach / FL 33139  
City/State and Zip Code  
wanda@wynwooddogfood.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wanda ORourke at ( 847 ) 400-6355  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$5.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

TO  
ARTICLES OF ORGANIZATION  
OF

Dishes For Dogs, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 10/30/2014 and assigned  
a document number L14000169066.

An amendment is submitted to amend the following:

**Amending name, enter the new name of the limited liability company here:**

Wood Dog Food Co, LLC

Each name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Amending principal offices address, if applicable:**

**Principal office address MUST BE A STREET ADDRESS)**

**Amending new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX)**

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TALLAHASSEE, FL

**Amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City, Florida

*City*

*Zip Code*

**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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

moved from our records:

= Manager

R = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
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amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 document is filed.

Effective date: 12th day of November, 2024

*Wanda ORourke*

Signature of a member or authorized representative of a member

Wanda ORourke

Typed or printed name of signee