From: Amelia Basso

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: BROWARD SOHO SERVICES INC. Account Name

Account Number : I20100000080

Phone

: (954)366-3850

Fax Number

: (954)633-7850

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 RESIG

A LA MODE CANINE LLC

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Corporate Filing Menu

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TO:

Fax: (954) 833-7850

To:

Fax: (850) 617-8363

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COVER LETTER

TO: Registration So Division of Con				
SUBJECT:	A LA MOI	DE CANINE LLC	المنظور المنظو المنظور المنظور المنظو	
	Name of Limi	ted Liability Company		
			z.:	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	af.	
Please return all correspo	ndence concerning this matter t	_	Ж):	
	Ŧ	EDGARDO ACEVEI	•	
		Name of Person		
	A '	LA MODE CANINE	ELLC	
		Firm/Company		
	62	52 N STATE RD 7 #	206	
		Address		······································
	CO	CONUT CREEK, FL	33073	
		City/State and Zip Co	•	
		XRIGHT7@YAHOC	••	<u> </u>
		o be used for future ann	wai report notifica	tion)
For further information of	oncerning this matter, please ca	.11:	121	
EDGARD	O ACEVEDO	9 5 4	901-0075	
Name of Person		Area Code	Daytime T	elephone Númber
			;;;	•
Enclosed is a check for t	he following amount:		v.	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy in	Ŷ	Cl \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallaharnee, FL 32301

147

From: Amelia Basso

Fax: (954) 633-7850

Fax: (850) 617-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A LA MODE CA				
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appear	s on our records.)	:	
Ç	Discouring Company)		•	
The Articles of Organization for this Limited Liability Company were filed on0			and assigned	
Florida document numberL15000042490				
This amendment is submitted to amend the following:			·	
A. If amending name, enter the new name of the limited lia	bility cornany he	re:		
· · · · ·	g - Merco - Beging - Artis			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	signation "LLC" or the	abbreviation L.C."	
Enter new principal offices address, if applicable:			- 金介 (元 - 275 (向) - 二二	
(Principal office address MUST BE A STREET ADDRESS)			Sp on the	
			50 14	
75-4	Y U		元 5	
Enter new mailing address, if applicable:		·		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, <u>ent</u>	er the name of the ne	
Name of New Registered Agent:			:	
N - B 1 O CC - 4 1 1	,		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Sales if yer Flore	ida street address	:	
	7	. Florida	•	
	City 10		Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		:	
	•			

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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

From: Amelia Basso Fax: (964) 833-7850 To: Fax: (860) 817-8383 Page 4 of 5 04/25/2018 4:16 PM
It 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
AMBR	ARIZBETH ORTIZ	6252 N STATE RD 7 #206	□ Add
		COCONUT CREEK, FL 33073	
			Remove
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<u>ote:</u> If the cument's e	date inserted in this block of effective date on the Depart	does not meet the applicable tment of State's records.	statutory filing requiremen	nts, this date will not be lis
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Filing Fee: \$25.00