Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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DOGGYSTAR, LLC

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8/17/2015

COVER LETTER

	ration Secti on of Corpo					
SUBJECT:	OGGYSTA	AR, LLC				
gobjaci.		Name of Limi	ted Liability Company			
		neadment and fee(s) are sub-	-			
	•	Cheyenne Moseley	.			
			Name of Person			
		Legalzoom.com, Inc.				
			Firm/Company			
		100 W. Brondway Suite 100				
			Address			
		Glendate, CA 91210		•		
		wool@doggystar.com	City/State and Zip Code			
		E-mail address: (t	to be used for future annual report not	ification)		
For further info	rmation con	cerning this matter, please ca	all:			
Imelda Vasqı	ıcz		323 962-8600 at ()			
	Name of P	erson	Area Code Daytir	ne Telephone Number		
Enclosed is a cl	heck for the	following amount:				
□ \$25.00 Fili	ng 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 Tallahassec, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOGGYSTAR, LLC		
(Name of the Limited Liability ((A Florida Lia	Company as it new appears on our recomited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Com	npany were filed on 07/21/2015	and assigned
Florida document number L15000124771		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limiter	d liability company here:	
Doggy-Star LLC		
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	المراجعة والمراجعة	·
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	, , , , , , , , , , , , , , , , , , , ,
Enter new malling address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent: New Registered Office Address:	Enter Florida strect add	CCC
	, I	FloridaZip Code
New Registered Agent's Signature, if changing Registered A	<u>Leent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered a company has been notified in writing of this change.	plete performance of my duties, and as provided for in Chapter 605	and I am familiar with and I, F.S. Or, if this document is that the limited liability
P	Page 1 of 3	
•		The same of the sa

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			
			☐ Reinove
			☐ Remove
	····		SECRETAR OF SECRETARY
			FEF. F. ORIDA
			□ Remove

1	f ameud	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		
(Effective The effective the date thi	date, if other than the date of filing:
	Dated	08/07/2015
		R. Mauteraui
		Signature of a member or authorized representative of a member
		Roberto Mantovani
		Typed or printed name of signee

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Filing Fee: \$25.00

