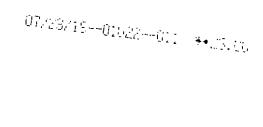
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TALLAHASSEE FLORIDA

O BRUCE JUL 28 2018

COVER LETTER

TO:	Registration Sectorial Division of Corporate C						
(1113 F12)	PIMP MY D	OG LLC					
SUBJE	CI:	Name of Lim	ited Liability Company				
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspon	dence concerning this matter	to the following:				
		PABLO MARCHISONE					
			Name of Person				
		PIMP MY DOG LLC					
			Firm/Company				
	9260 BAY HARBOUR TERRACE, APT, 24						
	Address						
		BAY HARBOUR ISLANI	DS. FL 33154				
		PIMPMYDOGLLC@GMA	City/State and Zip Code				•
		=	to be used for future annual	l report notification)	2011 SEL	
For furth	her information cor	ncerning this matter, please ca	all:			ECRET	T
PABLO) MARCHISONE		786 35	55-3877		L 23	7
	Name of I	³ erson	Area Code	Daytime Telep	hone Number	6 13 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Enclose	d is a check for the	following amount:				14.16 14.16 18.10A	A) Harry
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy tadditional copy is en		S60.00 Filing Certificate of Certified Cop tadditional copy	f Status & Dy	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

PIMP MY DOG LLC				
(<u>Name of the Limited</u> (;	Liability Compa A Florida Limited	nny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Lial	bility Company	were filed on $\frac{08/117}{1}$	2015	_ and assigned
Florida document number L15000161440				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liah	oility company here:		
N/A				
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applical	ole:	N/A		
(Principal office address MUST BE A STREET	(ADDRESS)			ALES L
		-		APPL A
Enter new mailing address, if applicable:		N/A		SSEE S
Mailing address MAY BE A POST OFFICE B	<u>0X)</u>		<u> </u>	- S. F. E
			_	- E
B. If amending the registered agent and/or registered agent and/or the new registered office	• •		r records, <u>enter the</u>	name of the no
Name of New Registered Agent:	PABLO MARG	CHISONE		
New Registered Office Address:	9260 BAY HA	RBOR TERRACE AI	РГ.24	
		Enter Florida s	treet address	
	BAY HARBO	UR ISLANDS	Florida	
		City		Zip Code

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.

If Changing Registered Agent. Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CRISTIAN GUILLERMO MUNO:	1080 99th STREET #1-33	∃ Add
		BAY HARBOR, FL 33154	□ Remove
			□ Change
AMBR	OSCAR MARCHISONE	9260 Bay Harbour Terrace # 24	Add
		Bay Harbour Islands, FL 33154	■ Remove
			☐ Change
		<u> </u>	□ Add
			Remove
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fective date, if ot	her than the date of	filing:		(op	otional) fer filing.) Pursuant to 605.
ote: If the date ins	ed, the date must be specificated in this block does date on the Departmen	not meet the app	licable statutory fi	r more than 90 days at ling requirements, t	his date will not be liste
	es a delayed effecti fter the record is fi		not an effectiv	e time, at 12:01	La.m. on the earlie
JULY 18th		2018			
	-1-	7 1	1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00