L16000012755

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P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
SUBJE	CT: PICASSO	DOGS, LLC		
		Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Mubarak Almutairi		
			Name of Person	
		PICASSO DOGS, LLC	Firm/Company	<u> </u>
		3509 Ehrlich Rd	Address	
		<u>Tampa, FL 33618</u>	City/State and Zip Code	
		mubmut@yahoo.com E-mail address: (to be used for future annual report notifi	ication)
For furtl	ner information c	oncerning this matter, please c	all:	
Mubara	k Almutairi Name o	f Person	at (813) 812-3500 Area Code Daytime	Telephone Number
Enclosed	I is a check for th	ne following amount:		
≅ \$25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (addational copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sec	tion
	Division of C	orporations	Division of Corp	porations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RECEIVED
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on ou led Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa	any were filed on <u>01/19/20</u>	and assigned
Florida document number <u>L16000012755</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
F&B Supplies and Trading, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		2020
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
maining dauress milit Dis 711 OST OF TEED 2001.7		2
		, , , D
B. If amending the registered agent and/or registered offi	ce address on our records	s, 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:		
New Registered Office Address.	Enter Florida stre	et address
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my di as provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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in effective date is ote: If the date	f other than the d s listed, the date must be inserted in this block live date on the Dep	be specific and cannock does not meet t	ot be prior to date of he applicable statt	filing or more than 90	(optional) days after filing.) Pursu nents, this date will n	iant to 605,0207 ot be listed as
ecord specifics is filed.	a delayed effective	date, but not an ef	Tective time, at 11	2:01 a.m. on the earl	ier of: (b) The 90th	day after the
ited December	16	, <u>20</u>				
	(S	ignature of a memb	er or authorized rep	resentative of a member	cr	

Filing Fee: \$25.00