116 000 116927

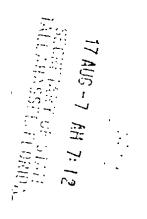
(Requestor's Name)	
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PICK-UP WAIT	MAIL
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
	Best Dog F	ood LLC		
SUBJECT:		Name of Lim	ited Liability Company	, II. — II.
The enclosed	l Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Winston Starr		
		<u></u>	Name of Person	
		Best Dog Food LLC		
			Firm/Company	
		8402 bedford In	Address	
		Tampa, 11 33615	Addiess	
			City/State and Zip Code	
		winston.starr@gmail.com	to be used for future annual report not	(6
For further in	nformation c	oncerning this matter, please co	·	incation)
Winston Sta			352 262-4560	•
•	Name o	f Person	at ()Area Code Daytin	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
		·	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 issee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Best Dog Pood LLC			
(Name of the Limited I. (A I	iability Company a londa Limited Liab	s it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liabil Horida document number 1.16000116927	ity Company we	re filed on <u>6/10/2016</u>	and assigned
his amendment is submitted to amend the followin	ng:		
A. If amending name, enter the new name of the	limited liability	y company here:	
n/a			
The new name must be distinguishable and contain the words	"Limited Liability (Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: <u>n</u>	/a	
Principal office address MUST BE A STREET A	DDRESS)		<u></u>
	_		
Enter new mailing address, if applicable:	<u>n</u>	// a 	· ·
<u>Mailing address MAY BE A POST OFFICE BOX</u>	<u>v</u>		
	_		
B. If amending the registered agent and/or i	registered office	a address on our records	antar the name of the
registered agent and/or the new registered office		e address on our records,	enter the name or the
			500
Name of New Registered Agent:	/a		212 2
New Registered Office Address:			
		Enter Florida street address	
_		, Flor	ida 🤝 🕟
_		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

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
MGR	Catherine Rios	4445 sw 35th terrace suite 120	
		Gainesville, Fl 32608	
			□ Change
			Add
			Remove
			Change
		<u>.</u>	Add
			□ Remove
			Change
			
			□ Remove
			Change
		- <u>-</u>	
			Remove
			Change
			Remove
			□ Change

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	2
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of store: If the date inserted in this block does not meet the applicable statutory file ocument's effective date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605.02 ling requirements, this date will not be listed a
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
7/31/2017	
<u> </u>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00