

L16 000 221 996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

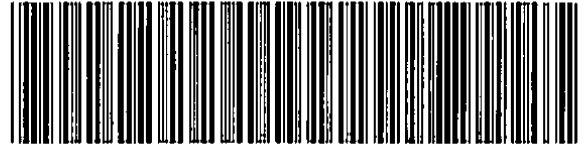
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800333647488

08/27/19--01024--001 \*\*25.00

FILED  
19 SEP 24 AM 10:06  
STANTFORD STATE  
FALLS OFFICE 100010A

SEP 27 2019

T SCHROEDER

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PUPPY MARKET LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILL CAVAZOS  
Name of Person  
  
Firm/Company  
  
11968 YELLOW FIN TRAIL  
Address  
  
ORLANDO, FL 32827  
City/State and Zip Code  
  
GREENDOGSTORE@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILL CAVAZOS  
Name of Person  
407 470-4384  
at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**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**

PUPPY MARKET LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/07/2016 and assigned Florida document number 116000221996.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED	19 SEP 24 AM 10:06	SECRETARY OF STATE
11968 YELLOW FIN TRAIL		
ORLANDO, FL 32827		

**B. If amending the registered agent and/or registered office address on our records, enter the name of the r  
registered agent and/or the new registered office address here:**

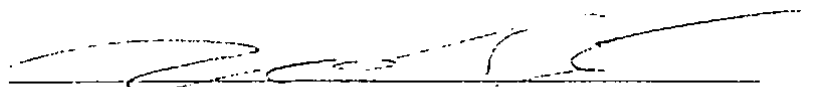
Name of New Registered Agent: WILL CAVAZOS

New Registered Office Address: 11968 YELLOW FIN TRAIL  
*Enter Florida street address*

ORLANDO, Florida 32827  
*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER	TIM POLLACK	1493 SOFTSHELL ST SAINT CLOUD, FL 34771	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
OWNER	CHRISTOPHER POLLACK	1498 CATERPILLAR ST SAINT CLOUD, FL 34771	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
OWNER	ADRIANA POLLACK	1498 CATERPILLAR ST SAINT CLOUD, FL 34771	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
OWNER	ALLINE POLLACK	1493 SOFTSHELL ST SAINT CLOUD, FL 34771	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
OWNER MGRm	WILL CAVAZOS	11968 YELLOW FIN TRAIL ORLANDO, FL 32827	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
OWNER MGRm	Tracey Duffield	11968 YELLOW FIN TRAIL ORLANDO, FL 32827	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change

15. If dimensions  $n$  and  $m$  are common, then  $\mathbf{A}^T \mathbf{A}$  is  $n \times n$  and  $\mathbf{A} \mathbf{A}^T$  is  $m \times m$ .

19 SEP 24 AM 10:06  
SHELTON CT 0611  
CALL 44-655-1000

FILED  
19 SEP 24 AM 10:06  
SHERIFF'S OFFICE  
711 144 5500

E. Effective date, if other than the date of filing: 08/23/2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 22, 2019

Shirley Pollock  
Signature of a member or authorized representative of a member

ADRIANA POLLACK  
\_\_\_\_\_  
Typed or printed name of signer