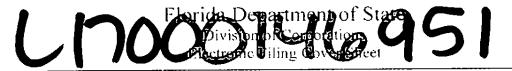
Division of Corporations



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COVER LETTER

TO:	Registration Se Division of Cor			
eum ie		XXGS, LLC		
SUBJE	CT:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are submodence concerning this matter		
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	a. 1
		101 N. Brand Blvd., 11t	h Floor	
			Address	· <u> </u>
		Glendale, CA 91203		
		ginajones14@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please or	nll:	
Cheye	nne Moseley		800 773-0888 ex	d. 9724
	Name o	f Person	at () 773-0888 ex	Telephone Number
Emulan	ad io n chaok for t	he following amount:		
	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (add:tional copy is enclosed)
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Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registre for Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G'S FABDOGS, LLC			
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	mbmis)		
The Articles of Organization for this Limited Liability Company were file: Florida document number L17000146951	3 on 07/10/2017	and ass	igned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability comp	pany here:		
The new name must be distinguishable and end with the words "Limited Liability Compa	any," the designation "LLC" or the ab	breviation "l	"IC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			_ ·-
	<u> </u>	<i>/</i> <u>= = </u>	- व्यक्त
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Enter new mailing address, if applicable:	<u> </u>	<u>-</u> -~-	Estati
(Mailing address MAY BE A POST OFFICE BOX)	jn ja	<u>်</u> ယ	
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		<u> </u>	eren. Talan men
B. If amending the registered agent and/or registered office address to the new registered office address here:	ress on our records, enter t	: N	Of the ine
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida	Zin Code	
City		2.42 C.CAB	

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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Steven J. Fabrizio	11487 79th Ave.	₩ Add
		Seminole, FL 33772	☐ Remove
			Remove
			D Add
			□ Remove
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Page 2 of 3

D,	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing: (optional) The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	the date this document is filed by the Florida Department of State)
	Dated & 8-2017
	12: 00
	Signature of a member or authorized refresentative of a member
	Gina L. Jones Typed or printed name of signee
	Types of father had a signed

Page 3 of 3

Fiting Fee: \$25.00

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