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(Re	questor's Name)	.
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Eiling Officer	
		
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Office Use Only



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COVER LETTER

DOG TOE	TREADS				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
	SCOTT MCHENRY				
		Name of Person			
	DOG TOE TREADS				
Firm/Company					
2800 DRIFTING LILLY LOOP					
Address \(\sum_{C}\)					
KISSIMMEE FLORIDA 34747					77
City/State and Zip Code MCHENRYSCOTT@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					 - -
	E-mail address: (to be used for future annual report notif	ication)	\triangleright	0
For further information c	oncerning this matter, please c	all:	i ATE ORIO,	د ا ئە ∨	
SCOTT MCHENRY		407 493-4748 at ()	F.	J	
Name o	f Person		Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fili Certificate Certified ((additional c	of Stat Copy	

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

DOG TOE TREADS LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 07/10/2017 and assigned
Torida document number L17000147720	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	2017 ALL
Enter new mailing address, if applicable:	JUL 31 CRETARY II AHASSEE
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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

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>	Type of Action
AMBR	SAMANTHA MCHENRY	2800 DRIFTING LILLY LOOP	Add
		KISSIMMEE FL. 34747	■ Remove
			Change
*			
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		TALL AHASS	Remove
		HASSEE, FLORIDA	Change Change Change
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ffective date, if other than the an effective date is listed, the date must	date of filing	·			(opt ien al)	> [17 31
an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	ock does not me	eet the applica	o date of filing o ble statutory fi	r more than 90 da ling requiremen	nts, the date	will not be l	isted as the
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e record specifies a delayed The 90th day after the reco		ate, but not	an effective	e time, at 12	2:01 a.m.	on the ear	lier of:
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SCOTT REID MCHENE		Typed or printed					

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Filing Fee: \$25.00