# L17000149706

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DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO:	Registration Se Division of Cor								
		Purrl	icious LLC						
SUBJ	JECT:	Name of Lim	ited Liability Company						
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please	e return all correspo	ondence concerning this matter	to the following:						
			Sonia Becerra						
			Name of Person						
Swyft Filings, LLC Firm/Company									
			Firm/Company						
	12605 East Freeway, Suite 509								
	Address								
	Houston, Texas 77015								
			City/State and Zip Code						
			filings@swyftfilings.com	<del></del>					
For fi	urther information c	E-mail address: ( concerning this matter, please c	to be used for future annual report notificall:	cation)					
Sonia Becerra			at (877 ) 777-045  Area Code Daytime	60					
	Nаше о	f Person	Area Code Daytime	Telephone Number					
Enclo	osed is a check for the	ne following amount:							
<b>⊠</b> S	25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

### Purrlicious LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL17000149706	were filed on	07/12/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
Purrluscious LLC			77
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the abb	reviation "E.U.C."
Enter new principal offices address, if applicable:	<del></del>		JUL T
(Principal office address MUST BE A STREET ADDRESS)			9 7 1
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			JUL 21 PH 3: 29
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter (</u>	he name of the new
Name of New Registered Agent:	.=		
New Registered Office Address:	Enter Flori	da street address	
		E21 4 -	
	City	, Florida	Zip Code
N D C LA SC . ICh C D C . LA .	•		•

#### 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 = Mar AMBR = Aut	iager horized Member	•	
<u>Title</u>	Name	Address	Type of Action
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Note: If the d	e, if other than the date is listed, the date in late inserted in this Tective date on the	block does not r	I cannot be prior to date oneet the applicable sta	f filing or mor actory-filing	top re than 90 days aft requirements, th	tional) ter filing.) Pursuani his date will not	i to 605.020 be fisted a	)7 (3) is the
	pecifies a delay day after the re		date, but not an e	fective tir	ne, at 12:01	a.m. on the	earlier (	of:
	July	18	2017					
) The 90th	July	18	2017					
) The 90th	July		member of authorized re	prosentative o	fa niember			

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