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(Requestor's Name) (Address)	800370012478		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	07/22/2101009010 **25.00		
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COVER LETTER

TO:	Registration Sec Division of Corp					
cunic		G ENTERPRISES LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
i icase i	etum un concespor	PIERRE COLEMAN	to the tonouning.			
			Name of Person			
		UNDERDOG ENTERPRI	SES LLC			
			Firm/Company			
		3011 E. CURTIS STREET	•			
			Address			
		TAMPA, FL 33610				
		Undundog E-mail address	City/State and Zip Code ICN TOP I SUO ON THE to be used for future annual report notifi	OK, Com		
For furt	her information co	oncerning this matter, please c	all:		(()
PIERR	E COLEMAN		954 547-4192			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclose	d is a check for th	e following amount:				•
■ \$2 5	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified C	of Status &	
	Mailing Address	<u>s:</u>	Street Address:			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNDERDOG ENTERPRISES LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number		and assigned
his amendment is submitted to amend the follow	zing:	
A. If amending name, enter the new name of the	he limited liability company here:	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C"
Enter new principal offices address, if applicab	ole:	<u> </u>
Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO		•
		
B. If amending the registered agent and/or registered office address		e name of the new regist
 		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		•
	City Flori	ida 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 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>	Address	Type of Action
MGR	Dominque Swinton	4082 Eastridge Dr	∃ Add
		Decrfield Beach, FL 33064	□Remove
			□Add
			□Remove
			Change
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ctive date, if other than th	he date of filing:		(option	> >
ctive date, if other than the effective date is listed, the date we If the date inserted in this	rust be specific and cannot be pr	or to date of filing or m	ore than 90 days after fil	ling.) Pursuant to 605.0
ment's effective date on the	Department of State's record	ds.	g requirements, this e	ate will not be listed
ord specifies a delayed effect filed.	tive date, but not an effective	e time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after
July I d	2021			
(V	lman		of a member	

Typed or printed name of signee