## 118000046162

(Fi	Requestor's Name)	
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(A	Address)	
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(0	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nar	ne)
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(0	Occument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor					
421115 112	Ducci Dog					
SUBJE	CT:		ited Liability Company			
		Amendment and fee(s) are sub- indence concerning this matter				
		Roberto Berrocal				
			Name of Person			
		Docci Dog LLC				
			Firm/Company			
		275 NE 18th ST APT 707			201	mered.
			Address	<u> </u>		-11
		Miami, FL 33132				1
			City/State and Zip Code			
		robertoberrocal@mac.com	to he used for future annual report notifica	41		******
For furt	her information c	e-mail address: ( oncerning this matter, please of		iiii	MARIN A BUT	2
	) Berrocal		786 768-0640			
	Name o	f Person	at () Area Code Daytime T	elephone Number		
Enclose	d is a check for th	ne following amount:				
	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	
	Registr Divisie	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporati Clifton Building			

Taliahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ducci Dog LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on 02/21/18	and assigned
Florida document number L18000046162		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Docci Dog LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	275 NE 18th ST APT 707	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33132	
		22
		五二
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- [1]
B. If amending the registered agent and/or registered o	ffice address on our records,	enter the name-of the ne
registered agent and/or the new registered office address her	<u>c</u> .	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida = 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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			D Add
			□ Remove
			□ Change
			□ Remove □ Change
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iffective de	ate, if other tha	an the date of	filing			_ (optional)	
f an effective	date is listed, the d	iate must be specif	fic and cannot be	prior to date of fil	ing or more than 90 c ry filing requirem	days after filing.) I	<sup>2</sup> ursuant to 605,020° ill not be listed as
	effective date on				ry ming requirem	ems, ims date w	in the three di
	specifies a den n day after th			not an effec	ctive time, at 1	.2:01 a.m. o	n the earlier o
Marc	th 12		2018				
Dated							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00