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(Re	questor's Name)	
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COVER LETTER

	Registration Sec Division of Corp			
	DOGOX, LI			
SUBJEC	CT:	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		PABLO H. GONZALEZ,	ESQ.	
			Name of Person	
		PABLO GONZALEZ LAV	W, P.A.	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		1188 COMMERCE PARK	CDR, #3003	
			Address	
		ALTAMONTE SPRINGS	FL, 32714	
		PABLO@PABLOGONZA		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	ncerning this matter, please co	all:	
PABLO	H. GONZALEZ		407 467-1955	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
■ \$ 25.0	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, 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

DOGOX, LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number L180(00)52251	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		177.
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		80 VISIO
)
Enter new mailing address, if applicable:		9 587
(Mailing address MAY BE A POST OFFICE BOX)		♣ ₹
		0: 5
		5 3 Off
 If amending the registered agent and/or registered of registered agent and/or the new registered office address here 		ter 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>	Address	Type of Action
MGR	HORACIO GONZALEZ	247 MAISON CT.	■ Add
		ALTAMONTE SPRINGS FL 32714	
			Remove
			☐ Change
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			Remove
			Change
			Add
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n effective date is listed, the date must be spetter. If the date inserted in this block document's effective date on the Department.	cific and cannot be prior es not meet the applic	to date of filing or more able statutory filing	e than 90 days after fili	ng.) Pursuant to 60	
record specifies a delayed effec he 90th day after the record is		et an effective tir	ne, at 12:01 a.m	n. on the earl	ier d
ted July 16	<u>ZO18</u>	}			
	27/.4				

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee