

W18000052251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

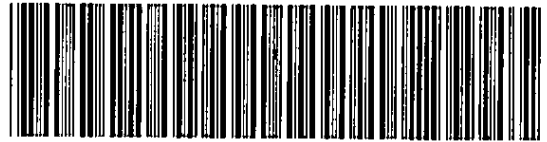
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/10/22--01009--007 \*\*25.00

22 AUG 10 AM 10:45  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PABLO H. GONZALEZ

Name of Person

PABLO GONZALEZ LAW PA

Firm/Company

1188 COMMERCE PARK DR. #3003

Address

ALTAMONTE SPRINGS FL 32714

City/State and Zip Code

PABLO@PABLOGONZALEZLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PABLO H. GONZALEZ

407

467-1955

at (\_\_\_\_\_)

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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 Address:**

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

22 AUG 10 AM 10:45

NEW YORK STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DOGOX LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/19/2018 and assigned  
Florida document number 118000052251.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

800 STEPHENS PASS COVE

LAKE MARY FL 32746

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

800 STEPHENS PASS COVE

LAKE MARY FL 32746

22 AUG 10 AM 10:45  
DIVISION OF CORPORATIONS

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

PABLO H. GONZALEZ

New Registered Office Address:

1188 COMMERCE PARK DR #3003

*Enter Florida street address*

ALTAMONTE SPRINGS

Florida 32714

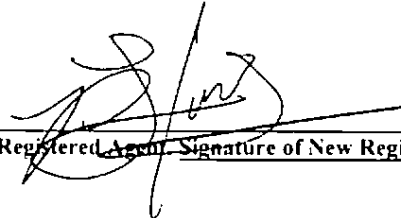
*City*

*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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

22 AUG 10 AM 10:45  
VISION CONNECTION  
AUSTIN, TEXAS

DIVISION OF CONSTRUCTION  
22 AUG 10 AM 10:45

22 AUG 10 AM 10:45

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated August 5, 2022

Pablo H. Gonzalez

Typed or printed name of signee