## 118000123408

(Re	questor's Name)			
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O SIMMONS JUN 0 7 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: UPTOWN DOGS LLC 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:
E Leon Trammel
Everton Enterprises Firm/Company
2240 Palm Beach Lakes Blvd #301
W Palm Beach FL 33409 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
E Lean Tranmell at (316) 204-1338  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\ \$30.00 Filing Fee & Certificate of Status \$\ \end{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

UPTOWN DOG	5 LLC
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	gas it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	ere filed on May 16 2018 and assigned
Florida document number <u>L18000123408</u> .	J
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
	16 LLC
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)	: 1 TS
	<u></u>
	1
Enter new mailing address, if applicable:	7
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	6
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
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 603, 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 Title Name <u>Address</u> Type of Action □ Add ☐ Remove \_\_\_\_ □ Change □ Add ☐ Change □ Add \_\_\_ Remove \_\_\_\_Change □-Add . نې □ Remove ☐ Change \_ 🗆 Add \_\_\_\_\_ Remove \_\_\_\_\_ Change \_□ Add \_□ Change

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Filing Fee: \$25.00