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(Requ	uestor's Name)	
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(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

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SECRETARY OF STATE ON STORATIONS OF CORPORATIONS

N COOPER JUL 2 6 2018

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	ouch of P	ooch LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Line	t Canela	
		Name of Person	
	Youch of	Pooch, LCC	
		rimvConфацу	
	8181 Nu	N 154th St SU	ite 270
	,	Address	
	Miam lak	us Fl 330/ce	
	Hitched Flor	City/State and Zip Code (M) (M) (Of be used for future annual report notificat	ion)
For further information cons	erning this matter, please cal	V	
Linet	(anela	al (305) 319-	2454
Name of Po	erson		lephone Number
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	S30.00 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

Pooch	of Poch (c		
(<u>Name of the Limited Liat</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on	and assigned	
This amendment is submitted to amend the following	Ç.		
A. If amending name, enter the new name of the li	imited liability company here:		
The new name must be distinguishable and contain the words "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD)		breviation "L.L.C." SECRETAL SECRETAL OF	- - -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		GORPORATIONS 9 PM 1: 05	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>enter</u> address here:	the name of the	<u>nev</u>
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	Linet Canela	4095 West 18th AV SI	2 <u>0</u> □ Add
		Hialeah, Fl 33012	□ Remove
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amei	ding any oth	er information,	enter chan	nge(s) here: (2	Attach ad	ditional shee	ts, if necessary.)	1 01	
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ffecti	ve date if ott	her than the date	of filing:				(optional)		
on eff	ective date is liste	ed, the date must be si	necific and ca	nnot be prior to d	ate of filing statutory	or more than 9 filing require	0 days after filing.) P ments, this date wi	ursuant to 60 Il not be lis	05.020 sted a
ocum	ent's effective	date on the Depart	ment of Stat	e's records.					
e rec	ord specifie	s a delaved eff	ective dat	te, but not a	n effecti	ve time, at	: 12:01 a.m. or	i the ear	lier c
The	90th day af	ter the record	is filed.						
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Filing Fee: \$25.00