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2022 HAR -2 AM 8: 55 SECRETARY OF STATE

G 3/16/2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CLAPPING PUPPY 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:
Julia Maria Fernandez Name of Person
Clapping Puppy LLC
2423 SW 147Th Ave # 530
Miami, Florida 33185 City State and Zip Code
Clapping Puppy Q Yahao. Com E-mail address, reserved for future zinuar report notification)
For further information concerning this matter, please call:
Julia Maria Ternandez at (786) 999 - 8444 Name of Person Area Code Daytime Telephone Number
Enclosed is a cheek for the following amount.
☐ \$25.00 Filing Fee & ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CLAPPING PUPPY LLC

2022 MAR -2 AM 8: 55

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears of Liability Company)	n our records.)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document numberL18000162137	y were filed on	07/03/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab Noah's ARK Books The new name must be distinguishable and contain the words "Limited Liab	LLC		the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
	City	Floric	ia
	Cur		z.ip Coae

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 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	Address	Type of Action
			□ Add
			□Remove
			□Change
,			□Add
			□Remove
			□Change
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an effec <u>lote:</u> If	e date, if other than the date of filing: (optional) ive 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 505.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 1's effective date on the Department of State's records
record : Lis filee	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
ated _	February 24 2022.
	Julia Maria Fernande 2 Eignature of a member sauthorized representative of a member
	Julia Maria Fernandez

Filing Fee: \$25.00