118000170084

(Re	questor's Name)	
(Ad	ldress)	 -
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	: #)
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(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
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MAR 23 2019

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sougely Tails LLS 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:
Monika Kreinberg Number of Person
Snuggly Tails LLC Firm: Company
2030 S. Douglas Rd, Svite 206
Coral Gables, FL 33134 City/State and Zip Code
Snuggly fails dental Pamail & Com Konsil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Honika kranberg at (786) 797 1777. Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Snuggly Tails LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on of ability Company)	ir records.)	
The Articles of Organization for this Limited Liability Company	were filed on	16,2018	and assigned
Florida document number <u>L18000170084</u>		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	ion "LLC" or the al	
Enter new principal offices address, if applicable:	·		5 6
(Principal office address MUST BE A STREET ADDRESS)			最五
Enter new mailing address, if applicable:			E D
(Mailing address MAY BE A POST OFFICE BOX)			92. 1. 20
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		records, <u>enter</u>	the name of the nev
		 _	
New Registered Office Address:	Enter Florida str	cet address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr	ee to get in this canac	ity I furthar ao	ree to comply with the

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_	Cyl Farney Machado	888 Brichall Key Dr.	(Add
		Apt 2410	🗆 Remove
		Miami, FI 33131	☐ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
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			🖸 Add
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			☐ Change

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Note: 1	re date, if other than the date of filing: tive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	March 04 2019
	Mr. Ce
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00