L18000285307

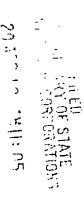
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900342774019

0-715/20--01720--014 **30.00



abrumo

APR 2 7 2020

D CUSHING

COVER LETTER

TO: Registration Se Division of Corp		v 7	
Wag Bar LI	LC	•	
SUBJECT: \	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ndence concerning this matter		
	Jonathan Kuker		
		Name of Person	
	Wag Bar LLC		
		Firm/Company	
	4846 Veracity Pt Apt 106		
		Address	
	Sanford FL 32771		
	johnny@thewagbar.com	City/State and Zip Code))
	• •	to be used for future annual report notification)	<u> </u>
For further information c	oncerning this matter, please ca	ail:	
Jonathan Kuker		828 421-0818 at ()	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed) □ \$60.00 Filing Certificate of Certified Copy (additional copy is enclosed)	of Status &
Mailing Addres		Street Address:	
Registration Section		Registration Section	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Wag Bar 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 Dec 12, 2018 and assigned Florida document number _____L18000285307 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) 1444 Alden Road Enter new mailing address, if applicable: Apt 310 (Mailing address MAY BE A POST OFFICE BOX) Orlando FL 32803 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: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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	Matt Craig	6511 Cay Circle	■Add
		Orlando FL 32804	Remove
MGR	Cary Craig	39 East Harvard St	■Add
		Orlando FL 32804	□Remove
			□Add
			Remove
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
lfan c <u>Note</u>	tive date, if other than the date of filing:
Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	1 4-10-20 /April 10, 2010.
	Signature of a member or authorized representative of a member Joseph Go Kokee Typed or printed name of signer
	Jonathan Kuter

Page 3 of 3

Filing Fee: \$25.00