L19000113199

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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: _	JOE'S D	OG WALKING AND MORE	LLC		
SUBJECT: _		Name of Limi	ted Liability Company		
The enclosed /	Articles of /	Amendment and fee(s) are sub-	mitted for filing.		
Please return a	ill correspor	ndence concerning this matter	to the following:		
		ALEJ	ANDRO GALVEZ		
			Name of Person		
		Ма	ASTER OFFICE SERVICES		
			Firm/Company	 -	
		71	69 UNIVERSITY BLVD		
		Address			
		WINTER PARK, FL 32792			
		City/State and Zip Code			
		JOE @THE BAI			
		E-mail address: ()	to be used for future annual report not	ification)	
For further info	ormation co	oncerning this matter, please ca	all:		
JOSEPH VE	OLANTE		407 212-7845		
	Name of	Person	Area Code Daytin	ne Telephone Number	
Enclosed is a c	check for th	e following amount:			
■ \$25.00 Fil	ling Fee	☐ \$30.00 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)	
Regi Divi P.O.	ing Address istration S ision of Co Box 632 ahassec, F	section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 MAY -5 PM 4:00 (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/25/2019}{1}$ and assigned Florida document number ______19000113199 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE BARK STOP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			50

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	05/05/2025
ective date, if other than the da	ate of filing: (optional) e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
e: If the date inserted in this block	k does not meet the applicable statutory filing requirements, this date will not be listed a
ument's effective date on the Depa	
	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
APRIL 28	2025
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- Sig	gnature of a member or authorized representative of a member