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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: The hungry ( Name of Limited Liability Compan	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Patrick Pere	Z De Castro
The hungry Co	imel LLC
6898 AC Skinn Address	er Pkwy 125
Jacksonville, fl	37256  Code  X @ gmail. Com  Innual report notification)
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter, please call:    Patrick   Pa	S15 7574 ES Daytime Telephone Number S33
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Contact (additional copy)	Fee & Solution \$60.00 Filing Fee.  Certificate of Status &

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

(Name of the Limited Liability Compan (A Florida Limited L	iv as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 19000124785</u> .	were filed on O6/22/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
MR DOGS LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6898 AC Skinner Pkwy
(Principal office address MUST BE A STREET ADDRESS)	Apt loi
	Jacksonville, Fl 32256
Enter new mailing address, if applicable:	6898 AC Skinner Pkuly
(Mailing address MAY BE A POST OFFICE BOX)	Apt 101  Tacksonville F1 32256
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ddress on our records, enter the name of the new registered
New Registered Agent's Signature, if changing Registered Agent:	City Florida City Sign Code

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>	<u>Address</u>	Type of Action
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			Remove
			□Change
			□Remove
			□ Change
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