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COVER LETTER

	istration Se ision of Cor					
SUBJECT:	=	elivery LLC				
30037.01.		Name of Limited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Mark Madorin				
			Name of Person			
		Big Dog Delivery LLC				
		-	Firm/Company			
		9738 MOUNTAIN LAKE	DR			
	Address					
		ORLANDO, FL 32832				
		markmadorin@gmail.com	City/State and Zip Code			
For further in	iformation co	E-mail address: (oncerning this matter, please c	to be used for future annual all:	report notification	n)	
Mark Mador				964-3	3 <i>2</i> 33	
	Name of	f Person	Area Code		ohone Number	
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed	
	iling Addres gistration S		<u>Street A</u> Registr	ddress: ation Section		
Division of Corporations				Division of Corporations		
P.O. Boy 6227			The Control of Tallaharan			

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Dog Delivery LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

17(110)	ida immed i damity Company)	12.
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADI	DRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>ento</u> :	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
		Florida
	City	Zip Code

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 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
MGR	Kevin Madorin	9618 Renwick Ct.	= Add
		ORLANDO, FL 32832	□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			Remove
			□ Change
			□ Add
			⊡Remove
			□ Change
			🗆 Add
			□Remove
			□ Change
			□Add
			🗆 Remove
			ĈlChange

27 11 11110	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ctive date, if other than the date of filing:
he record ord is file	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 d.
Dated _	Text 7/27/2020
	Signature of a member or authorized representative of a member
	Mark Madorin
	Typed or printed name of signee

Filing Fee: \$25.00