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JUN 1 8 2020 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor		. •	•
SUBJECT:	Cago Style Dog Name of Jun	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph	h Crespo Name of Terson Hyle Dogs & Book Firm/Company	
	_Chicago_5	Hyle Dogs & Boss	B, LLC
	_824_5ha	dow Ln.	
	Fort Walton Joseph 2 E-mail address:	City/State and Zip Code 225 & Uhhoo. (to be used for flature annual report noti	547 bm_tication)
For further information of	concerning this matter, please or		
Joseph Name o	Crespo of Person	at (850) 543- 6 Area Code Daytim	6785 e Telephone Number
Enclosed is a check for the	he following amount:		
X \$25.00 Filing 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)
Mailing Addres		Street Address:	
Registration 1		Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•
F.O. DOX 0.52	S 1	THE CERTIE OF I	arranassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ohiana Chila	Dans & Rose 110		13.7-11. 13.7-11. 14 14.	A	-
	ability Company as it now appears on our orida Limited Liability Company)	records.)	F1 + 5	<u>+</u> . -قن ہ⊸	کلور
The Articles of Organization for this Limited Liabil	ity Company were filed on Æb_@	2,2020	and	ယ assigned	
Florida document number <u>L200000 44</u>	139				
This amendment is submitted to amend the following	g:				
A. If amending name, <u>enter the new name of the</u>	limited liability company here:				
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	in "LLC" or the ab	obreviation	"L.L.C."	-
Enter new principal offices address, if applicable	:				-
(Principal office address MUST BE A STREET A	DDRESS)				_
		 			-
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE BOX					_
					-
B. If amending the registered agent and/or regis agent and/or the new registered office address he		enter the nam	ne of the	new registe	erec
Name of New Registered Agent:	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		_		-
New Registered Office Address:	Enter Florida stree	t address			-
_		Florida	· · · · · · · · · · · · · · · · · · ·		_
	Cuv		Zip Co	de	

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 Address A9 Jongvil Aul. **Title** <u>Name</u> **Type of Action** MBR Jose Garcia Fort Walton Beh, FL. 32548 DAdd _____**X**iRemove _____ 🗀 Add _____ □Remove _____ 🗀 Add □Remove _____ □Change _____ _ ____ □ Add _____ □Remove ______ □Change _____ □Remove _____ □Change _____ □Remove

_____ □Change

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ective d	ate, if other tl	han the date (of filing:			(0)	ntional)	
n effective	date is listed, the	date must be spe	cific and canno	ot be prior to da	te of filing or mor	e than 90 days a	ptional) ifter filing.) Pursuar this date will not	n to 605.0201
	effective date of				statutory ming	requirements.	uns gate win not	be listed as
	cifies a delayed	effective date,	but not an ef	Tective time,	at 12:01 a.m. or	the earlier of	(b) The 90th d	ay after the
is filed.								
اد د	5/26	-/20						
ted	1/67	400		· ·				
	(0			2				
	- G	Signati	are of a member	er or authorized	representative o	f a member		

Filing Fee: \$25.00