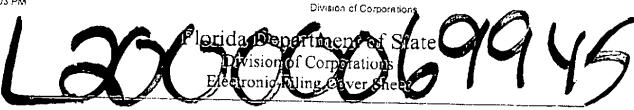
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

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Account Name : FASTKIT CORP Account Number : I20100000009 Phone

: (305)599-0839 : (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BARKING LOUNGE LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help [7]? ]- ....

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Barking Lounge LLC		
(Name of the Limited Liable (A Pione	lity Company 23 it now appears on our records da Limited Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability (	Company were filed on March 5, 2020	and assigned
Florida document number L20000069945	<u></u> ·	·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The Barking SPA LLC		
The new name must be distinguishable and centain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		40 *
(Principal office address MUST BE A STREET ADDI	RESS)	023
		1
Enter new mailing address, if applicable:		<b>a</b> -
(Mailing address MAY BE A POST OFFICE BOX)		- <del> </del>
Description of the body		2
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter ti</u>	• -
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida strein address	
<del></del>	, Flor	ida
	Cirv	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agen: 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>Tftle</u>	<u>Name</u>	Address	Type of Action
AMBR	Lylia Andrea Barazarte	10235 NW 87th Terrace	
		Doral, FL 33178	∐Remove
			Change
			DAdd
			□Remove
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Effective date, if other If an effective date is listed to	than the date of	filing:	(optional) of filing or more than 90 days after filing ) Pursuan	
Note: if the date inserted document's effective date			a thing of more than 90 days after filing ) Pursuar actory filling requirements, this date will not	ir to 605,0207 be disted as
r record specifies a delaye d is filed.	ed effective date, b	ut not an effective time, at 1	2.01 a.m. on the earlier of, (b). The 90th di	ay after the
March 7 Dated	11	2023		
	<del></del>	<del></del> :·		
	/L			

Typed or printed name of signer