L2000010	01573
(Requestor's Name) (Address) (Address)	000345421420
(City/State/Zip/Phone #)	05-2601002023 **25.0
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2020 1131 29 PH 2: 36
Office Use Only	JUN . F 2020 I ALBERTTON

COVER LETTER

TO: Registration Section Division of Corporations

Name of Limited Liability Company <u>20</u>0 SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SYLVIE LABErge Dog Moodle LLC 8493 Bayneadows Uby #6 JACKSON UILLE, FL. 32256 City/State and Zip Code <u>DRIDADRT C GMAIL</u>. COM E-mail address: (to be used for futyre annual report notification)

For further information concerning this matter, please call:

uluie Laberge at (904) _ 228-2176 Area Code Davime Telephone Number

Enclosed is a check for the following amount:

\$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)

<u>Mailing Address:</u> 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

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(<u>Name of the Limited Liability Combai</u> (A Florida Limited L	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company	were filed on April 13, 2020 and assigned
Florida document number <u>120000 101573</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	F2 T
(Mailing address MAY BE A POST OFFICE BOX)	P
	2
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:	
<u>Hew Registered Office Address</u> .	Enter Florida street address
	, 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 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title Name Address **Type of Action** MGR Sylvie LABerge 8493 Baymendows Way DAdd #6 ERemove JACKSONVILLE, FL. 32256 Change 8493 Baymeadows Way Dridd MGR Kobert LABerge _____́€____□Remove JACKSenville, PL 32256 OChange □Add □ Add bb∧⊡ _____ 🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _	May	27,2020 1.
-	8	
		- Librah
		Signature of a member or authorized representative of a member
		Robert LABerge
		Typed or printed name of signee

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