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COVER LETTER

Registration Section Division of Corporations

TO:

Dog Star N SUBJECT:	Sutrition LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Russel Hill		
		Name of Person	
	Dog Star Nutrition LLC		
		Firm/Company	
	10515 Anglecrest Dr		
		Address	
	Riverview FL 33569		
		City/State and Zip Code	
	lisa@woofcreek.com		
	E-mail address: (to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
Russel Hill		813 8572992 at ()	
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	he 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)
Mailing Addre Registration Division of O	Section	Street Address: Registration Se Division of Co	
P.O. Box 63	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dog Star Nutrition LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our reconniced Liability Company)	rds.)
The Articles of Organization for this Limited Liability Com- Florida document number 1.20000101937	pany were filed on $10.4.24$	and assigned
-lorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		5 6
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		$\frac{1}{2}$: $\frac{1}{2}$
3. If amending the registered agent and/or registered of igent and/or the new registered office address here:	ffice address on our records, <u>ente</u>	er the name of the new registe
gent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	ſ	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>	Address	Type of Action
MBR	Lisa Monk	11706 North Dr. Temple Terrace, FL 33617	= Add
			□Remove
			
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			
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			□Change

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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be block does not meet the ap	prior to date of filing or more the oplicable statutory filing req		
f the record specifies a delayed effec ecord is filed.	tive date, but not an effecti	ve time, at 12:01 a.m. on th	e earlier of: (b) The 90th day a	ifter the
October 4	2024			
	7			

Typed or printed name of signee