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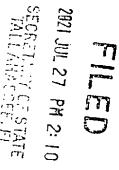
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Special Instructions to Filing Officer:	
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COVER LETTER

TO:

Registration Section Division of Corporations

The Rocky	Pet Company, LLC				*	
SUBJECT:	Name of Lin	nited Liability Company		•		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Patricio Jimenez					
		Name of Person				
	The Rocky Pet Company,	LLC				
		Firm/Company				
	1317 Edgewater Dr #734			11 038	วกวา	
		Address		ALL NE	= =	***
	Orlando, FL 32804				9091 NII 97 PM 2: 10	
		City/State and Zip Code	 		D.	
	pjimenez@therockypet.com			्रिक्षेत्रः स्टब्स	?	, in
	E-mail address: (to be used for future annual report not	ification)	A	0	
For further information of	concerning this matter, please o	all:				
Patricio Jimenez		727 2030849 at ()				
Name o	of Person		ne Telephone Numb	er		
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Statu ed Copy nal copy is enc		
Mailing Addres	Section	Street Address: Registration Sc				
Division of C P.O. Box 632		Division of Co The Centre of	•			
Tallahassee.		2415 N. Monro		810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Rocky Pet Company, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on 05/01/2020	and assigned
Porida document number 1.20000118837	<u>_</u> :	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Moox Creative Group, LLC		20
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	
Enter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDR	(ESS)	
		SEL PA
		2: 10 STATE
Enter new mailing address, if applicable:		' IFF O
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	d office address on our records, <u>ent</u>	er the name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
<u>-</u> -	,	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
			□Add
			□ Remove
			□Change
			□Add
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