L20 000162218

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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D. BRUCE

COVER LETTER

TO: Registration Section Division of Corpu		\$ \$			
CHILLI DOG					
SUBJECT:	Name of Limite	ed Liability Company			
The enclosed Articles of An	nendment and fee(s) are subm	nued for filing.			
Please return all correspond	ence concerning this matter to	the following:			
	JOSELINE I BLONDET		_		
		Name of Person			
		Firm Company	,		
	1234 REYNOLDS RD LOT	T 245			
		Address			
	LAKELAND FLORIDA, 3				
	DOGOSCHIL@GMAIL.CO	City/State and Zip Code			
		o be used for future annual report notification	n)		
For further information cor	neerning this matter, please ca	H:			
JOSELINE I BLONDET		407 848-0071			11/2/
Name of I	erson	Area Code Daytime Tele	phone Number		571 J.H. 26
Enclosed is a check for the	following amount:				Ţ: 1 i
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	(C)

Mailing Address:
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHILLEDOGOS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/12/2020}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) د٠: B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
AMBR	LEANDRA C VELEZ	4095 MAHOGANY RUN	□ Add
		WINTER HAEVEN FL, 33884	= Remove
			⊡Change
			□ Add
			□Remove
			□Change
			□Add
			□Add
			
			□Remove
			⊡Change
			□Add
			Remove
			□Change □Add
			□Remove
			□ Change

FEVEIN NUMBER 85-1416	964		
			<u> </u>
			<i>``</i>
Sective date, if other than the neffective date is listed, the date in the late in this becament's effective date on the I	ist be specific and cannot be prior to d lock does not meet the applicable	ate of filing or more than 90 days	optional) rafter filing.) Pursuant to 605.0 s, this date will not be listed
ecord specifies a delayed effecti is filed.	ve date, but not an effective time	, at 12:01 a.m. on the earlier o	of: (b) The 90th day after
nted	2020 1. Blight Fract Signature of a member of authorize		
Tarlin	1: Windet		

Filing Fee: \$25.00