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COVER LETTER

Division of Corporations
SUBJECT: Millen a Dogge S L. C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Precious Williams Name of Person Millennial Doggies Firm/Company 3420 NW 21st Court Address County Address
City/State and Zip Code Mill Child Code (Company) E-mail address: (to be used to future annual report notification)
For further information concerning this matter, please call:
PRECIOUS WILLIAMS at (786) 6/7 996/ Area Code Daytime Telephone Number
Enclosed is a check for the following amount: X \$25.00 Filing Fee X \$50.00 Filing fee & Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status &

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

Millennial Doggies	LL C
(Name of the Limited A Morida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>2000/98171</u> .	y were filed on 10/8/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	825 N Federal Hwy Suite A Fort Landerdale 33304
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DZI JAN 13 PH
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

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

11/11/2

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	<u>Address</u>	Type of Action
MGR	Precious William	NO 3420 NW 21st Count	XAdd
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	(Mh
	Signature of a member or authorized representative of a member
	KEVIN COMPANTORIA
	Typed or printed name of signee