LZ0000212001

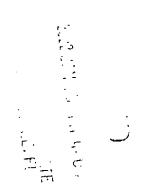
(Requestor's Name)
(Address)
(Address)
(riddicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(D
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.
1
į

Office Use Only



400379252414

01/10/22 -01010--008 ••25.00



A. BUTLER JAN 18 2022

COVER LETTER

	Registration Se Division of Cor			, a. 4.
aus	Chasin Tail	l Dog Bar LLC		
SUBJEC	<u></u>	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Samuel J Morris III		
			Name of Person	
		Chasin Tail Dog Bar LLC		
			Firm/Company	
		6822 22nd Ave N #340		
			Address	
		St Petersburg, FL 33710		
			City/State and Zip Code	
		BootScootinDogBar@gmai	l.com to be used for future annual report notification	
For furth	er information c	oncerning this matter, please co	•	4)
Samuel J	I Morris III		513 346-9331 at ()	
	Name o	f Person	Area Code Daytime Telep	phone Number
Enclosed	is a check for th	ne following amount:		
₩ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & (Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration S Division of C		Registration Section	:
	P.O. Box 632		Division of Corporat The Centre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chasin Tail Dog Bar LLC	2022 UAN (O) () () ()
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.)
	1. 34. 1 F1
	ompany were filed on 07/20/020 and assigned
Florida document number L20000212007	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
Boot Scootin' Dog Bar LLC	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	Page
Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered	office address on our records, enter the name of the new registe
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City 7in 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 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
			□Remove
			□Add
			□Remove
			
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change

	_				
				·	
					- · · · · · · · · · · · · · · · · · · ·
					
					
 .					
					
					
					
				<u>.</u>	
		···			
	, if other than the da	ate of filing: c specific and cannot be k does not meet the ar	prior to date of filing or i	(option	al) ing.) Pursuant to 605.0207
Effective dat fan effective da Note: If the d	te inserted in this block		ords.		
Note: If the d	tte inserted in this block ective date on the Depa	artment of State's reco			
Note: If the d locument's ef e record specified is filed.	ective date on the Depa ective date on the Depa es a delayed effective d	artment of State's reco	ive time, at 12:01 a.m.		The 90th day after the
Note: If the d locument's ef e record specified is filed.	ective date on the Depa ective date on the Depa es a delayed effective d	artment of State's reco	ive time, at 12:01 a.m.		The 90th day after the
Note: If the d locument's ef e record specified is filed.	te inserted in this block ective date on the Depa	artment of State's reco	ive time, at 12:01 a.m.		The 90th day after the

Filing Fee: \$25.00