## L20000 212007

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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05/24/22--01011--002 \*\*25.00

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2022 MAY 24 AM 8: 35
SECNETARY OF STATE

## **COVER LETTER**

Registration Section Division of Corporations

TO:

BOOT SCO	OOTIN' DOG BAR, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Samuel J Morris III		
		Name of Person	
	BOOT SCOOTIN' DOG B	AR LLC	
		Firm/Company	
	6822 22nd Ave N #340		
		Address	
	St Petersburg, FL 33710		
		City/State and Zip Code	
	4chasintail@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please co	alt:	
Samuel J Morris III		513 346-9331 at()	
Name o	of Person	Area Code Daytin	ne Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 24 AM 8: 36

BOOT SCOOTIN' DOG BAR LLC

(Name of the Limited Liability Company as it now appears on our records. SECRETARY OF STATE (A Florida Limited Liability Company)

TALLAHASSEF, FI

The Articles of Organization for this Limited Liability Company Florida document number <u>L20000212007</u>	were filed on 05/20/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CHASIN TAIL DOG BAR LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
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)		
		•••
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street a	ddress
		_, Florida
	Ciţv	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 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
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(If an effective date is I Note: If the date in	other than the date of filing:  listed, the date must be specific and cannot be prior to date of filing or more than nserted in this block does not meet the applicable statutory filing require ve date on the Department of State's records.		
the record specifies a cord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the e	earlier of: (b) The 90th day after	the
Dated	05/20 . 2022.		
	Signature of a member or authorized representative of a member of	inbei	
	SAMUEL J. MOTTIS TTT	-	