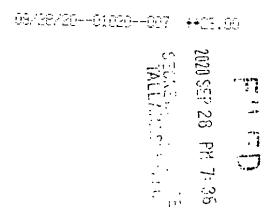
L20000280816

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COVER LETTER

TO:	Registration Sec Division of Corp						
		nny Pachyderm LLC					
SUBJE	u:	Name of Limit	ted Liability Company				
		Amendment and fee(s) are subr					
Please r	eturn all correspor	ndence concerning this matter t	o the following.				
		Georgina Delgado		. <u>.</u>			
			Name of Person				
			Firm/Company				
		14512 Old Cabernet Circle	, Apt 103				
			Address				
		Winter Garden, Florida					
			City/State and Zip Code		ر ، سالان	262	
		georgie@thepunnypachyder	m.com to be used for future annual report notification	 	[](]; ;; 1 · 1	SE	* j
For furt	her information c	e-mail address: (i oncerning this matter, please ca		, !	:: :::::::::::::::::::::::::::::::::	2020 SEP 28	,
Georgie	e Delgado		305 335 9661		· · · · · · · · · · · · · · · · · · ·	무 ::!	
	Name o	f Person	Area Code Daytime Telep	hone Number	,	⊙	
Enclose	ed is a check for the	he following amount:					
≡ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & [Certified Copy (additional copy is enclosed)	S60,00 Fili Certificate Certified C (additional c	of Stat	tus &	
	Mailing Addres		Street Address: Registration Section				

Registration Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The The Punny Pachyderm LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Company were filed on September 9, 2021	0 and assigned
Florida document number L20000280816	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The Punny Pachyderm LLC	
The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter	the name of the new register
agent and/or the new registered office address here:	920
Name of New Registered Agent:	2 2
	-n
New Registered Office Address: Enter Florida street addre.	SS 7: 3
E7	lorida
, FI	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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			
			□ Change
		<u> </u>	□Add
			Change D S C C C C C C C C C C C C C C C C C C
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