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(Re	equestor's Name)	
(Ad	ldress)	<u></u>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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3/8/21

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT: PUP	Name of Limit	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
	ndence concerning this matter	-	
		nantha Elevi	71
	PUPPY	City CUC	
	<u>8834 UW</u>	130 Ct #21	2
	Miami,	City/State and Zip Code	
	E-mail address: (1	10 V 0 14 C Y 2 N 00. Co be used for future annual report notif	() (M) (ication)
For further information co	oncerning this matter, please ca	all:	
Vamantha Name of	Person	at (<u>786</u>) <u>384</u> Area Code Daytime	3709 : Telephone Number
Enclosed is a check for the	e following amount:	, in the second	
🕱 S25.00 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 Address Registration S	ection	Street Address: Registration Sec	
Division of Co P.O. Box 6323		Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PUPPY CITY.	LLC	2021 JAN 25 PM 4: 51
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our reco	ords. SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on $10 \mid 02 \mid 3$	2020 and assigned
Florida document number <u>L 200 0 0 3 11 8 08</u> .	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6344 JW 4	10 ct
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL	33 55
		
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>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, provided for in Chapter 60:	and I am familiar with and 5, F.S. Or, if this document is

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	Jordy Elera	8834 UW 130 CT	© Add
		#212 Miami, FL	🗆 Remove
		33\ 95	Change
AMBR	Camantha Elicra	8839 UW BO C+	A dd
		+2/2 Miami, FL	□Remove
		33186	🔀 Change
AMBR	LUGY MOTATES	13077 JW 88 Herralt	S — A dd
		COUTH # PIOI MIAMI	□Remove
		FL 33186	🗷 Change
			□Add
			□Remove
			□Change
			□Add
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(If an ef	ive date, if other than the date of filing:(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	
docun	nent's effective date on the Department of State's records.	
ord is fi		:
Dated	January 7th 2021	
Dated	$\Gamma \circ \rho$	
Daicu	Signature of a member of authorized representative of a member	

Typed or printed name of signee