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COVER LETTER

Division of Corporations	
SUBJECT: FAITHFUL PAWL BOUTTQUE UC (CUZRENT) Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Statement of Correction and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JACQUELING L. MAIZAHN Name of Person	
C/OFATTHFUL PUP BOUTTQUE LLC (NEW)	
13506 Jummer Port Villaber PKWY # 394	
Windermer Fl. 34796 City/State and Zip Code AGENT	
TACOMALZ & FOL, COM E-mail address: (to be used for future annual report notification) * 6954 DUNCATTER	57
For further information concerning this matter, please call:	
Name of resoft 11 N Area Code Davime Telephone Number	
or 954-980-001	9
Mailing Address: Street Address:	•
Registration Section Registration Section Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:	

□\$55 Filing Fee & Certified Copy

□ \$60 Filing Fee.

Certificate of Status & Certified Copy

\$30 Filing Fee &

Certificate of Status

□\$25 Filing Fee

TO:

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

TATTAFUL PAW (Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>しる仅仅多う3</u> 多	v Company were filed on 10/26/2020 and assigned assigned and assigned assigned assigned and assigned ass
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li TATHFUL PLP DUT The new name must be distinguishable and contain the words "I Enter new principal offices address, if applicable:	imited liability company here: BUG
(Principal office address MUST BE A STREET AD)	DRESS)
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	13506 Jummerson-Viunteiller Juite #394 WINDERMER, FL 34786
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> <u>e</u> :
Name of New Registered Agent: New Registered Office Address:	THEONE L MAIZHN 954 DUNCHTER ST Enter Florida street address 10010116 FL 34786 Zip Code
	Silv Court

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
		•	□Remove
			□Change
			□Add
			□Remove
			□Change
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recore	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated .	
	Ada Care leve Manager of a member
	Signature of a member of authorized representative of a member
	THE Signature of a member of authorized representative of a member THE L. MALTAHN Typed or printed name of signee

Filing Fee: \$25.00