

120000 355175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

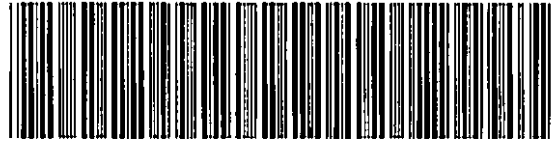
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

4085



300384500263

03/30/22--01009--005 ++43.75

FILED

2022 MAY -3 PM 3:46

SECOND JUDGE STATE
TALLAHASSEE, FL

5/12/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spoiled Dog Bakery, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tashia Mustafa
Name of Person

SAAB Logistics, LLC
Firm/Company

6308 Goldcoast Avenue
Address

Apollo Beach, FL 33572
City/State and Zip Code

tmustafa813@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tashia Mustafa
Name of Person

at (813)
Area Code

787-9732
Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAY -3 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FL

April 14, 2022

TASHIA MUSTAFA
6308 GOLDCOAST AVENUE
APOLLO BEACH, FL 33572

SUBJECT: SPOILED DOG BAKERY LLC
Ref. Number: L20000355175

We have received your document for SPOILED DOG BAKERY LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Limited Liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 522A00008729

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

Spoiled Dog Bakery, LLC

2022 MAY -3 PM 3:46

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/09/2020 and assigned
Florida document number L20000355175.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAAB Logistics 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)

Tashia Mustafa

6308 Goldcoast Avenue

Apollo Beach, FL 33572

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6308 Goldcoast Avenue

Apollo Beach, FL 33572

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

City

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.

N/A

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Laila Mustafa	14418 Haddon Mist Dr.	<input type="checkbox"/> Add
		Wimauma, FL	<input checked="" type="checkbox"/> Remove
		33598	<input type="checkbox"/> Change
AMBR	Yasmin Mustafa	14418 Haddon Mist Dr.	<input type="checkbox"/> Add
		Wimauma, FL	<input checked="" type="checkbox"/> Remove
		33598	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

N/A

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

Dated April 24, 2022

Signature of a member or authorized representative of a member

Tashia Mustafa
Typed or printed name of signee