

L21000003141

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(Address)

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(Business Entity Name)

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04/29/24

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DATE: 04/29/2024

NAME: WAGPRIDE LLC

TYPE OF FILING: AMENDMENT


COST: 25.00

RETURN: PLAIN COPY PLEASE

20
APR 29 AM 9:02
STATE OF FLORIDA
TALLAHASSEE, FL

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WagPride 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:

Luara Codognotto

Name of Person

WagPrideLRC LLC

Firm/Company

1401 NE. 9th Street, Unit 29

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

lcodognotto@wagpride.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
JUN 10 2009 AM 9:02

For further information concerning this matter, please call:

Luara Codognotto

Name of Person

786
at ()
Area Code

795-3449
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAGPRIDE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/30/2020 and assigned Florida document number L21000003141.

This amendment is submitted to amend the following:

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

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)

2031A Wilton Drive

Wilton Manors, FL 33305

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1401 NE, 9th Street, Unit 29

Fort Lauderdale, FL 33304

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: Luara Codognotto

New Registered Office Address: 1401 NE, 9th Street, Unit 29

Enter Florida street address

Fort Lauderdale, **Florida** 33304

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.

DocuSigned by:

Luara Rodriguez Codognotto

60750+0F6DD24E0
If Changing Registered Agent, Signature of New Registered Agent

in 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	TierPM LLC	305 NE 25th Street	<input type="checkbox"/> Add
		Wilton Manors, FL 33305	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WagPrideLRC LLC	2031A Wilton Drive	<input checked="" type="checkbox"/> Add
		Wilton Manors, FL 33305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017-03-23 AM 9:02
STATE
FLORIDA
COUNTY OF DADE
CLERK OF COURT

4:00
2013-02-29 AM 9:02
HOUSE OF STATE
TALLAHASSEE, FL

00
2017-09-29 AM 9:02
CLERK OF STATE
TALLAHASSEE, FL

(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 26th 2024

DocuSigned by
Luara Rodrigues Codognatto
C07*8ADF0DD24EB

Signature of a member or authorized representative of a member

Luara Codognotto

Typed or printed name of signee

Filing Fee: \$25.00