K21000111761

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

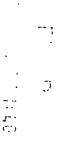


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COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Sec vision of Corp			
SUBJECT		YLEPUPS LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	m all correspor	ndence concerning this matter	to the following:	
		JAILINE RODRIGUEZ		
			Name of Person	
			Firm/Company	
		1721 SW 74TH AVENUE	RD	
			Address	
		MIAMI FL, 33155		
		BARKINSTYLEPUPS@G		
For further	information co	E-mail address: () oncerning this matter, please co	to be used for future annual report notiful:	fication)
	ODRIGUEZ		305 8908941	
(Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is	a check for the	e 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)
	ailing Address		Street Address:	Nion.
D	egistration Si ivision of Co	orporations	Registration Sec Division of Cor	
P.	O. Box 6327	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARKINSTYLEPUPS LLC

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

(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000111761	were filed on 03/08/2021	and assigned
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 Liabil	lity Company," the designation "LLC" of	r 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 agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
 	, Flori	da
	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.

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
MGR	JAILINE RODRIGUEZ	1721 SW 74TH AVENUE RD	■Add
			□Remove
			Change
			
		 	□Remove
			□Change
		-	
			□Remove
			□Change
			⊒Add
			□ Remove
			⊡Change ூ)
			⊡Add
			☐ Change
			□Add (5)
			□Remove

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Tolone P tolone					
Signature of a member or authorized representative of a member		Juliu Bar	ges		
		Signature of a member or a	atmorized representative	or a member	, (5)

Filing Fee: \$25.00