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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		5/24/21 TM

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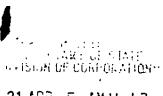
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## **COVER LETTER**

TO: Registration So Division of Col	ection porations		•
SUBJECT»	Šassv Pup I	LLČ	
	Name of Lim	LC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Victoria A Arroyc	)
		Sassy Pup LLC	
		1021 N Hiatus R	<u>d</u>
	Peml	oroke Pines FL 33	026
	SassyP E-mail address: (	upShop@gmail.co	om port notification)
For further information of	concerning this matter, please co	all:	
Victoria A Arro	YO of Person	at ( <u>954</u> ) Area Code	821-0111  Daytime Telephone Number
Enclosed is a check for t	he following amount:		
X \$25,00 Filing Fee  ✓ See See See See See See See See See Se	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Addre Registration Division of O P.O. Box 63. Tallahassee.	Section Corporations 27	Division The Cent 2415 N.	Iress: ion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR -5 AMII: 47

	Sassy Pup LLC
( <u>Name of the Limited</u> ) (A	Liability Company as it now appears on our records.)  A Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	
This amendment is submitted to amend the following	ving:
A. If amending name, enter the new name of th	he limited liability company here:
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	ole:
Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	<u> </u>
3. If amending the registered agent and/or regingent and/or the new registered office address h	gistered office address on our records, <u>enter the name of the new regis</u> here:
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
	Enter Florida street address , Florida

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 authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
<u>MGR</u>	Victoria A Arroyo	1021 n hiatus rd pembroke pines fl 3	3 <u>3026</u> <b>×</b> Add
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			□ Change
			□Remove
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ending any other information, enter change(s) h			21 APR -5	AH 11: 47
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tive date, if other than the date of filing:	tior to date of filing or n	nore than 90 days	after filing.) Pur	steint to 605.0
If the date inserted in this block does not meet the appenent's effective date on the Department of State's reconnection.	plicable statutory filir	ig requirements	s, this date will	not be listed
ord specifies a delayed effective date, but not an effectivated.	re time, at 12:01 a.m.	on the earlier c	of: (b) The 90	th day after t
03/29/2021				
Signature of a member or a	A HORALL	0		<u></u>
Signature of a member or a	ufhorized representative	z of a member		
	rrroyo rinted name of signee			

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