# 12100026057

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | ry/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    | 1           |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



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KECEIVED

# Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 6/16/2021                               | <i>⇔WALK</i>  | [N**        |
|--|---|-------------|
| ENTITY NAME CUTIE P                          | UP LLC  | <del></del> |
| DOCUMENT NUMBER_                             |   |             |
|  | **PLEASE FILE THE ATTACHED AND RETURN**                           |             |
| <u>XXXX</u>                                  | Plain Copy<br>Certified Copy<br>Certificate of Status             |             |
| ***  | LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**                 |             |
|  | Certified Copy of Arts & Amendments  Certificate of Good Standing |             |
|  | **APOSTILLE' / NOTARIAL CERTIFICATION**                           |             |
| COUNTRY OF DESTINATI<br>NUMBER OF CERTIFICAT |   |             |
| TOTAL OWED \$25.00                           | ACCOUNT #: 120160000072   |             |
| Please call Tina at th                       | e above number for any issues or concerns. Thank you so much!     |             |

## COVER LETTER

TO:

| TO: Registration Sc<br>Division of Cor |  |   |   |
|--|--|---|---|
| Cutie Pup I                            | LLC  |   |   |
| SUBJECT:                               | Name of Lim                                  | 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:   |   |
|  | Fabrizio Lengua                              |   |   |
|  |  | Name of Person  | <del></del>   |
|  | ZenBusiness INC.                             |   |   |
|  |  | Firm/Company  |   |
|  | 5511 Parkerest Dr. Suite 2                   | 07  |   |
|  |  | Address   |   |
|  | Austin, TX 78731                             |   |   |
|  |  | City/State and Zip Code   |   |
|  | fulfillment@zenbusiness.co                   | om<br>to be used for future annual report not                       | :6:a:_a:_   |
| For further information c              | oncerning this matter, please of             |   | nication)   |
| Fabrizio Lengua                        |  | 512 237-7349  |   |
| Name o                                 | f Person                                     | at ()<br>Area Code Daytin   | ne Telephone Number   |
| Enclosed is a check for t              | he 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address Registration           |  | <u>Street Address:</u><br>Registration Se                           | ection  |
| Division of C                          |  | Division of Co  | rporations  |
| P.O. Box 632                           | 27   | The Centre of   |   |
| Tallahassee,                           | FL 32314                                     | 2415 N. Monre   | be Street, Suite 810  |

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Cutic Pup LLC   |   | _                       |
|---|---|-------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.)<br>Liability Company) |                         |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000260571</u> .     | were filed on 06/04/2021                                    | 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:   |                         |
| he new name must be distinguishable and contain the words "Limited Liabil   | lity Company," the designation "LLC" or the                 | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 4215 Lake Mary Blvd. #1043                                  |                         |
| Principal office address MUST BE A STREET ADDRESS)  | Lake Mary , FL 32746  |                         |
| Enter new mailing address, if applicable:   | 4215 Lake Mary Blvd. #1043                                  |                         |
| Mailing address MAY BE A POST OFFICE BOX)   | Lake Mary , FL 32746  |                         |
|   |   | J. Toolston             |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the n</u>                  | ame of the new register |
| Name of New Registered Agent:   |   | - μ ω                   |
| New Registered Office Address:  | Enter Florida street address                                |                         |
|   | , Florida   | Zip Code                |
|   | C.IA'   | LID CHIC                |

#### 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 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> | Name            | Address                    | Type of Action |
|--------------|-----------------|----------------------------|----------------|
| AMBR         | Giannina Garcia | 4215 Lake Mary Blvd. #1043 | □Add           |
|              |                 | Lake Mary, FL 32746        | □Remove        |
|              |                 |                            | = Change       |
|              |                 |                            |                |
|              |                 |                            | □Remove        |
|              |                 |                            | □Change        |
|              |                 |                            | □Add           |
|              |                 |                            | □Remove        |
|              |                 |                            | Change         |
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|              |                 |                            | □Add           |
|              |                 |                            | □Remove        |
|              |                 |                            | □Change        |

#### Page 2 of 3

| te: If the date inscribed in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.  |  |  |                      |   |   |
|---|--|--|----------------------|---|---|
| Fective date, if other than the date of filing:   |  |  |                      |   |   |
| Fective date, if other than the date of filing:   |  |  |                      |   |   |
| Fective date, if other than the date of filing:   | <u>-</u>   | · · · · · · · · · · · · · · · · · · ·    | ····                 |   | <del></del>   |
| Sective date, if other than the date of filing:   |  |  |                      |   |   |
| Sective date, if other than the date of filing:   |  | <u> </u>                                 |                      |   | <del>_</del>  |
| Sective date, if other than the date of filing:   |  | <u></u>                                  |                      |   |   |
| Fective date, if other than the date of filing:   |  | ·- <del>-</del>                          |                      |   |   |
| Fective date, if other than the date of filing:   |  |  |                      |   |   |
| Fective date, if other than the date of filing:   |  |  | <del></del>          |   |   |
| Fective date, if other than the date of filing:   |  |  |                      |   |   |
| Fective date, if other than the date of filing:   |  | <del></del>                              |                      |   |   |
| Fective date, if other than the date of filing:   |  |  |                      |   |   |
| fective date, if other than the date of filing:   | <u></u>  |  |                      | ·   |   |
| Tective date, if other than the date of filing:   |  |  |                      |   | <u> </u>  |
| fective date, if other than the date of filing:   |  |  |                      |   |   |
| Tective date, if other than the date of filing:   |  | ·  |                      | , , , , , , , , , , , , , , , , , , ,                   |   |
| tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed current's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. |  |  |                      |   |   |
| tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed current's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. |  |  |                      |   |   |
| ted   | ite: If the date inserted in this bl                     | ock does not meet the appl               | icable statutory fil | (opti<br>more than 90 days afte<br>ing requirements, th | onal)<br>r filing.) Pursuant to 605.02<br>s date will not be listed |
| Giannina Garcia  Signatury of a member or authorized representative of a member   | record specifies a delayed<br>The 90th day after the rec | l effective date, but r<br>ord is filed. | not an effective     | time, at 12:01  | a.m. on the earlier   |
| Giannina Garcia Signatury of a member or authorized representative of a member  | led  | . 2021                                   | ·                    |   |   |
| Signatury of a member of authorized representative of a member  |  | Gianne                                   | ina Ga               | rcia  |   |
|   |  | Signature of a member of au              | morized representati | ve or a member  |   |

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Filing Fee: \$25.00