L21000266964

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T. BURCH

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: All Tails Wag Name of Limited Liability Company
The enclosed Articles of Amendment and fee's) are submitted for filling.
Please return all correspondence concerning this matter to the following
Rachael Gray Name of Person
All Tails Wag
4300 N University Dr swite F-100 Address A123
Sunrisc FL 33351 City/State and Zip Code
City/State and Zip Code Pachael @ all tails wag. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rachael Gray at 954 895-3231 Name of Person Area Code Daysime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status □ Certified Copy (acditional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (acditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6227 Tallahassee, F1, 22314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2601 Executive Center Circle Tallahassee, FL 32301

p.4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION

OF:

A | Ta| | J | W | A | G |

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

(A Florida Limited Liability Company)

(111 - Interest	Sizeliny company,		, , , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Liability Company Florida document number L 21000266964	were filed on 6/8	-/21	and assigned
This amendment is submitted to amend the following:	: '.	•	•
A. If amending name, enter the new name of the limited liab	pility company here:		
All Tails Wag LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	n "LLC" or the abbi	reviation "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)		-:-:	
Haming duties har be at cor of the box			
÷			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our ree:	ecords, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			•
•	Enter Florida street	address	
		. 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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage,	, enter the title	. name. a	and address o	f each person	being added
or removed from our records:					

Title Name Address	Type of Action Add Remove
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ective date, if other than the effective date is listed, the date in the late in this	ne date of filing: nust be specific and cannot be prior or block does not meet the applica	o date of filing or more than 90 ble statutory filing requirem	(optional) days after filing.) Pursuant to 600 nents, this date will not be list
ument's effective date on the	Department of State's records.	, , ,	
record specifies a delay	ed effective date, but not	an affaétiva rima ak	13:01 5 44 54 55
he 90th day after the re	cord is filed.	. an enective unie, at .	12.01 a.m. on the earn
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ed	202	1.	•
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	Signature of a member or author	rized representative of a member	er ·
Racha	el tray	1 name of signee	

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Filing Fee: \$25.00