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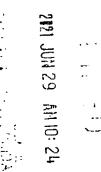
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PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

TO: Registration Se Division of Cor			
All Tails W			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
	ondence concerning this matter		
	Rachael Gray		
		Name of Person	
	All Tails Wag		
	<del> </del>	Firm/Company	
	11155 NW 26 Place		
		Address	
	Sunrise, FL 33322		
		City/State and Zip Code	
	Rachael@alltailswag.com		
		to be used for future annual report n	entification)
For further information c	oncerning this matter, please c	all:	
Rachael Gray		954 8953231 at ( )	
Name o	f Person	Area Code Days	time Telephone Number
Enclosed is a check for the	ne 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		Street Address: Registration S	
Registration S Division of C		Division of C	
P.O. Box 632	27	The Centre of	
Tallahassee, I	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Tails Wag		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability (	Company were filed on 6/8/2021	and assigned
Florida document number L21000266964	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
All Tails Wag LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		**************************************
		الل
		. 29
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>ent</u>	er the name of the new registered
		<u> </u>
Name of New Registered Agent:		24
New Registered Office Address:	Enter Florida street addi	
	Enier r wrich street addi	.577
		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

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
AMBR	Rachael Gray	4300 N University Drive	<b>B</b> Add
		Suite F-100 #A123	□Remove
		Sunrise, Florida 33351	□ Change
			□Add
		<del></del>	🗆 Remove
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the L	ist be specific and canno clock does not meet th	ie applicable s	of filing or more that tatutory filing rec	(option an 90 days after fi uirements, this o	iling.) Pursua	ant to 605.02 ot be listed a
	ve date, but not an eff	fective time, a	t 12:01 a.m. on th	e earlier of: (b)	The 90th	day after th
is filed.	202	21				
record specifies a delayed effecti I is filed.  Pated June 24	. 202					

Filing Fee: \$25.00