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COVER LETTER

TO: Registration So Division of Cor		De la	: •
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:	
	Oliver Crawford, Sr.		
	<u></u>	Name of Person	
	Terriers 4 Life LLC	Name of Limited Liability Company ent and fee(s) are submitted for filing. oncerning this matter to the following: er Crawford, Sr. Name of Person ers 4 Life LLC Firm/Company Berta Drive Address Da. FL 33617 City/State and Zip Code s4life7686 E-mail address; (to be used for future annual report notification) g this matter, please call: at (Area Code 445-9057 Area Code 560.00 Filing Fee, Certificat of Status & Certificat Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	
		Firm/Company	
Division of Corporations Terriers 4 Life LLC			
		Address	.
	Tampa, FL 33617		
		City/State and Zip Code	
			8
			(ication)
For further information c	concerning this matter, please co	all:	
Oliver Crawford		at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	27	The Centre of 7	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Terriers 4 Life LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000341978}{1.21000341978}$	were filed on July 26, 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:	
Oliver Sir Jam A Lot LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation E L.C.
Enter new principal offices address, if applicable:	5910 Berta Drive	<u>و</u> چ
(Principal office address MUST BE A STREET ADDRESS)	Tampa, F1. 33617	<u>α</u>
		70-
Enter new mailing address, if applicable:	5910 Berta Berta Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33617	
B. If amending the registered agent and/or registered office	address on our records, enter the nam	e of the new registered
agent and/or the new registered office address here:		
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and if this document is
If Cha	nging Registered Agent, Signature of New Re	gistered 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
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
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(If an effective Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I date inserted in this block does not meet the applicable statutory filing requirements, this date we effective date on the Department of State's records.	ursuant to 60 ill not be lis	05.0207 sted as
he record spec ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day afi	ter the
Dated	Jung. 26 . 2023. Oliv Conformal Br. Signature of a phember or authorized representative of a member		
.			
_	Dliver Crawford, Sr. Typed or printed name of signee		

Filing Fee: \$25.00