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COVER LETTER

TO:

TO:	Registration Se Division of Cor				
		enchies & Whelping LLC			
SUBJE(CT:	Name of Lim	Name of Limited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	indence concerning this matter	to the following:		
		Kiara S. Pelicot		. (3	
			Name of Person	2009 E.A.	
		Ohana Frenchies & Whe	elping, LLC	ئے . رک ص	
			Firm/Company		
		4442 8th Ave NE		: .?	
			Address		
		Naples, FL. 34120			
			City/State and Zip Code		
		Ohanafrenchies.whelping	-		
			to be used for future annual report notification)		
For furti	ner information c	oncerning this matter, please ca	all:		
Kiara S	S. Pelicot		305 215-2337 at ()		
	Name o	f Person	Area Code Daytime Telephone N	lumber	
Enclose	d is a check for th	ne following amount:			
□ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Certified Copy	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)	
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number <u>L2100368698</u> .	were filed on 8/17/2021	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	oility company here:	
hana Frenchies &Whelping LLC		
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		. 2
rincipal office address MUST BE A STREET ADDRESS)		ŞĞu
		<u> </u>
nter new mailing address, if applicable:		<u>:</u> ;
failing address MAY BE A POST OFFICE BOX)		.,
Turning water 25 Mill 25 Mill 25 Til 25 Til 25 Delig		÷
If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our records, enter the	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u></u>
	Flanda	la.
	, Floric	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Ohnan Frenchies & Wheping LLC

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			☐ Remove
			☐Change
			□ Add
			□Remove
			□Change
			□ Add
			Remove
			□ Change
			□Add
			□Remove
			Change

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ective date, if other than t	7/20/2022	(optional)	
effective date is listed, the date n	nust be specific and cannot be prior to date of block does not meet the applicable statu	filing or more than 90 days after filing.) Purs	
	Department of State's records.	nory ming requirements, and date with	
cord specifies a delayed effec s filed.	tive date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90t	h day after the
7/20/2022 ed	·		
KMO	in C Dearna		
1 14 V	*T 2.1621		
	Signature of a member or authorized repr	esentative of a member	