## L22000013517

| (Re                                   | questor's Name)   |           |
|---------------------------------------|-------------------|-----------|
|                                       |                   |           |
| (Ad                                   | dress)            | -         |
|                                       |                   |           |
|                                       | dress)            |           |
| (//0                                  | uiess)            |           |
|                                       |                   |           |
| (Cit                                  | y/State/Zip/Phone | : #)      |
| _                                     |                   |           |
| PICK-UP                               | WAIT              | MAIL      |
|                                       |                   |           |
| · · · · · · · · · · · · · · · · · · · | siness Entity Nam | -         |
| (60                                   | isiness chity Nan | ie)       |
|                                       |                   |           |
| (Do                                   | cument Number)    |           |
|                                       |                   |           |
| Certified Copies                      | Certificates      | of Status |
|                                       |                   |           |
|                                       |                   |           |
| Special Instructions to               | Filing Officer:   |           |
|                                       |                   |           |
|                                       |                   |           |
|                                       |                   |           |
|                                       |                   | Į         |
|                                       |                   |           |
|                                       |                   |           |
|                                       |                   |           |
| ·                                     |                   |           |

Office Use Only



100387021391

0S/0S/23--01016--013 \*\*25.80

SECRETARY OF STATE SECRETARY OF CORPORATION OF CORPORATION



## **COVER LETTER**

| SUBJECT:    DogeMods LLC                                                                     |                                                                                                                                                                                                |  |  |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                              |                                                                                                                                                                                                |  |  |
|                                                                                              |                                                                                                                                                                                                |  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.                      |                                                                                                                                                                                                |  |  |
| Please return all correspondence concerning this matter to the following:                    |                                                                                                                                                                                                |  |  |
| Michael Dempsey                                                                              |                                                                                                                                                                                                |  |  |
| Name of Person                                                                               | -                                                                                                                                                                                              |  |  |
| ZenBusiness Inc.                                                                             | submitted for filing.  Itter to the following:  Name of Person  Firm/Company  301  Address  City/State and Zip Code s.com ss: (to be used for future annual report notification) se call:  844 |  |  |
| Firm/Company                                                                                 | -                                                                                                                                                                                              |  |  |
| 336 E College Ave, Ste 301                                                                   |                                                                                                                                                                                                |  |  |
| Address                                                                                      | -                                                                                                                                                                                              |  |  |
| Tallahassee, FL 32301                                                                        |                                                                                                                                                                                                |  |  |
| City/State and Zip Code                                                                      | -                                                                                                                                                                                              |  |  |
| fulfillment@zenbusiness.com                                                                  |                                                                                                                                                                                                |  |  |
| E-mail address: (to be used for future annual report notification)                           |                                                                                                                                                                                                |  |  |
| For further information concerning this matter, please call:                                 |                                                                                                                                                                                                |  |  |
| 1                                                                                            |                                                                                                                                                                                                |  |  |
|                                                                                              |                                                                                                                                                                                                |  |  |
| Enclosed is a check for the following amount:                                                |                                                                                                                                                                                                |  |  |
| Certificate of Status Certified Copy Certifical (additional copy is enclosed) Certified      | te of Status & Copy                                                                                                                                                                            |  |  |
|                                                                                              |                                                                                                                                                                                                |  |  |
| Division of Corporations Division of Corporations                                            |                                                                                                                                                                                                |  |  |
| P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 8 | 10                                                                                                                                                                                             |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| any as it now appears on our records<br>Liability Company) | <u>.</u> )                                                                                                                                                                                 |  |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| were filed on 2022-01-05                                   | and assigned                                                                                                                                                                               |  |
|                                                            |                                                                                                                                                                                            |  |
|                                                            |                                                                                                                                                                                            |  |
| oility company here:                                       |                                                                                                                                                                                            |  |
| lity Company," the designation "LLC"                       | or the abbreviation "L.L.C."                                                                                                                                                               |  |
| 4210 Commercial Way                                        |                                                                                                                                                                                            |  |
| #1031                                                      |                                                                                                                                                                                            |  |
| Spring Hill, FL 34606                                      |                                                                                                                                                                                            |  |
| 4210 Commercial Way                                        |                                                                                                                                                                                            |  |
| #1031                                                      |                                                                                                                                                                                            |  |
| Spring Hill, FL 34606                                      |                                                                                                                                                                                            |  |
| address on our records, <u>enter t</u>                     | he name of the new registe                                                                                                                                                                 |  |
| Futar Chavida streat address                               |                                                                                                                                                                                            |  |
|                                                            |                                                                                                                                                                                            |  |
|                                                            | rida<br>Zip Code                                                                                                                                                                           |  |
|                                                            | were filed on 2022-01-05  bility company here:  lity Company," the designation "LLC"  4210 Commercial Way  #1031  Spring Hill, FL 34606  4210 Commercial Way  #1031  Spring Hill, FL 34606 |  |

## 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         | Joshua Hanna | 4210 Commercial Way   | □Add           |
|              |              | #1031                 |                |
|              |              | Spring Hill, FL 34606 |                |
| <del></del>  |              |                       | □Add           |
|              |              |                       | □Remove        |
|              |              |                       | ☐ Change       |
|              |              |                       | □Add           |
|              |              |                       | □Remove        |
|              |              |                       | □ Change       |
|              |              |                       | □Add           |
|              |              |                       | □Remove        |
|              |              | <del>.</del>          | □Change        |
|              |              |                       | □Add           |
|              |              |                       | □Remove        |
|              |              |                       | □Change        |
|              |              |                       | DAdd           |
|              |              | <del> </del>          | □Remove        |
|              |              |                       | □Change        |

|                                                                                                                                      |                   |                   | <u> </u>                               | <u> </u>                                               | · · · · · · · · · · · · · · · · · · ·                    |                       |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|----------------------------------------|--------------------------------------------------------|----------------------------------------------------------|-----------------------|
|                                                                                                                                      |                   |                   |                                        |                                                        |                                                          |                       |
|                                                                                                                                      |                   |                   |                                        |                                                        |                                                          | <del></del>           |
| <del></del>                                                                                                                          | <del></del>       |                   |                                        |                                                        |                                                          | <del></del>           |
|                                                                                                                                      |                   |                   |                                        | · · · · · ·                                            |                                                          |                       |
|                                                                                                                                      |                   |                   |                                        |                                                        |                                                          |                       |
|                                                                                                                                      |                   |                   |                                        |                                                        |                                                          |                       |
| <del></del>                                                                                                                          |                   |                   | · · · · · · · · · · · · · · · · · · ·  |                                                        |                                                          |                       |
|                                                                                                                                      |                   | .=                |                                        |                                                        |                                                          |                       |
|                                                                                                                                      |                   |                   |                                        |                                                        |                                                          |                       |
|                                                                                                                                      | <del></del>       | <u> </u>          |                                        |                                                        |                                                          |                       |
|                                                                                                                                      |                   |                   | · · · · · ·                            |                                                        | <u>.</u>                                                 |                       |
|                                                                                                                                      |                   |                   |                                        |                                                        |                                                          |                       |
|                                                                                                                                      |                   |                   |                                        |                                                        |                                                          |                       |
|                                                                                                                                      |                   |                   |                                        |                                                        |                                                          |                       |
|                                                                                                                                      |                   |                   |                                        |                                                        |                                                          |                       |
|                                                                                                                                      |                   |                   | · <del>-</del> ·                       |                                                        |                                                          |                       |
|                                                                                                                                      |                   |                   | ····                                   | <del></del> -                                          |                                                          |                       |
|                                                                                                                                      |                   |                   |                                        |                                                        |                                                          |                       |
|                                                                                                                                      |                   |                   |                                        |                                                        |                                                          |                       |
|                                                                                                                                      |                   |                   |                                        |                                                        |                                                          |                       |
| ective date, if other than the effective date is listed, the date in te: If the date inserted in this rument's effective date on the | block does not m  | neet the applicab | date of filing or<br>de statutory fili | (opti<br>nore than 90 days afte<br>ng requirements, th | ional)<br>er filing.) Pursuant to<br>is date will not be | 605.0207<br>listed as |
| cord specifies a delayed effect<br>s filed.                                                                                          | ive date, but not | an effective tim  | e, at 12:01 a.m                        | on the earlier of: (                                   | b) The 90th day a                                        | after the             |
| ed May 3                                                                                                                             |                   | 2022              | <u>.</u> .                             |                                                        |                                                          |                       |
|                                                                                                                                      |                   |                   |                                        |                                                        |                                                          |                       |
| /s/ Joshua Hann                                                                                                                      | a                 | nember or authori |                                        |                                                        |                                                          |                       |

Filing Fee: \$25.00