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T. MATTHEWS MAR - 1 2022

COVER LETTER

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	gistration Se ision of Cor			,
	DAWG	PENN LLC		
SUBJECT:		•	ited Liability Company	<u> </u>
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		DAVID RICH,		
			Name of Person	
		SOUTHERN BUS	INESS CONSULTING INC.	
			Firm/Company	
		321 E. MAIN S	TREET	
			Address	
		CANTON, GA 3	0114	
			City/State and Zip Code	
			@SOUTHERNFIRM.COM	
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation c	oncerning this matter, please ca	all:	
DAY	VID RICH		770 284-5684	
	Name o	f Person		: Telephone Number
Enclosed is a	check for th	ne following amount:		
\$25,00 F	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)
	iling Addres gistration S		Street Address: Registration Sec	ction
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT

TO
ARTICLES OF ORGANIZATION
OF

DAWG PENN LIC		23 F# 3: 18
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>-01/24/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	me of the new regist
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Florida	

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.

City

Zip Code

If amegading 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
MGR	KIMSEY RUGGIERO	5743 HYDRANGEA CIRCLE	Add
		SARASOTA, FL 34238	Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			☐ Change
			□ Add
			□Remove
			□ Change
			□Remove
			□Change

Typed or printed name of signee