## 122 CCCCC 45447

| (Re                     | questor's Name)   |                 |
|-------------------------|-------------------|-----------------|
| (Add                    | dress)            | - 101           |
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| PICK-UP                 | ☐ WAIT            | MAIL            |
| (Bu                     | siness Entity Nan | ne)             |
| (Do                     | cument Number)    |                 |
| Certified Copies        | _ Certificates    | of Status       |
| Special Instructions to | Filing Officer:   |                 |
|                         |                   |                 |
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Office Use Only



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T. MATTHEWS MAR 2 2 2022

## COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| SIMPLY-F<br>SUBJECT:          | C9 LLC                                       |  |  |  |
|-------------------------------|--|--|--|--|
| SUBJECT.                      | Name of Lin                                  | nited Liability Company  |  |  |
|                               |  |  |  |  |
| The enclosed Articles of      | Amendment and fee(s) are sub                 | omitted for filing.  |  |  |
| Please return all correspo    | ondence concerning this matter               | to the following:  |  |  |
|                               | Jenny Countz                                 |  |  |  |
|                               |  | Name of Person   |  |  |
|                               | ZenBusiness Inc.                             |  |  |  |
|                               | <del></del>                                  | Firm/Company   | <del></del>  |  |
|                               | 5511 Parkerest Drive, Suit                   | te 103   |  |  |
|                               | -  | Address  |  |  |
|                               | Austin, TX 78731                             |  |  |  |
|                               |  | City/State and Zip Code  |  |  |
|                               | fulfillment@zenbusiness.co                   |  |  |  |
|                               | E-mail address: (                            | to be used for future annual report not                          | ification)   |  |
| For further information of    | oncerning this matter, please c              | all:   |  |  |
| Jenny Countz                  |  | 844 493-6249<br>at ()  |  |  |
| Name o                        | r Person                                     | Area Code Daytin   | ne Telephone Number  |  |
| Enclosed is a check for the   | he following amount:                         |  |  |  |
| ■ \$25.00 Filing Fee          | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| Mailing Addres Registration 9 |  | <u>Street Address:</u><br>Registration Sc                        | vetion   |  |
| Division of C                 |  | Division of Co   |  |  |
| P.O. Box 6327                 |  | The Centre of Tallahassee  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMPLY-K9 LLC

22 HAR IL PH 2: 20

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liabilit       |  | and assigned                          |
|--|--|---------------------------------------|
| Florida document number 1.22000045447                        | <del></del> •                                    |                                       |
| This amendment is submitted to amend the following           | :  |                                       |
| A. If amending name, enter the new name of the               | imited liability company here:                   |                                       |
| The new name must be distinguishable and contain the words " | Limited Liability Company," the designation      | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:          |  |                                       |
| (Principal office address MUST BE A STREET AL                | DRESS)   |                                       |
|  | <del></del>                                      |                                       |
|  |  |                                       |
| Enter new mailing address, if applicable:                    |  |                                       |
| (Mailing address MAY BE A POST OFFICE BOX                    | <u> </u>   |                                       |
|  |  |                                       |
| B. If amending the registered agent and/or registe           | arad affaa addraac an aan naaanda                | antar the name of the new posistened  |
| agent and/or the new registered office address her           | erea onice address on our records.<br><u>e</u> : | enter the name of the new registered  |
|  |  |                                       |
| Name of New Registered Agent:                                | 77-22-2  |                                       |
| New Registered Office Address:                               |  |                                       |
|  | Enter Florida stree                              | t address                             |
|  |  | . 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 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         | LAPIERRE ISKRA, SARAH | 614 E HIGHWAY 50   | <b>≣</b> Add   |
|              |                       | 103                | □Remove        |
|              |                       | CLERMONT, FL 34711 | □Change        |
|              |                       |                    | □Add           |
|              |                       |                    | □Remove        |
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| fective date, if other than the neffective date is listed, the date mate: If the date inserted in this leadment's effective date on the leaders. | block does not meet the a     | applicable statutor  | ng or more than 90 day<br>y filing requirement | optional) s after filing.) Pursuant to s, this date will not be | 605.0207<br>listed as |
| ecord specifies a delayed effecti<br>s filed.  | ve date, but not an effec     | tive time, at 12:01  | a.m. on the earlier                            | of: (b) The 90th day a  | ifter the             |
| ted March 3  | . 2022                        |                      |  |   |                       |
| /s/ MARTIN ORD   |                               |                      |  |   |                       |
| 73/ WHATETH ORE  | OONEZ                         |                      |  | <u> </u>  |                       |
| 7.57 11/11/11/11/11/11/11/11/11  | ONEZ Signature of a member of | r authorized represe | ntative of a member                            |   |                       |