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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DO TAO	mited Liability Company
SUBJECT: DOG TATALLAND Complany	
Please return all correspondence concerning this mat	ter to the following:
Dog T POBO Dayton Shanna E-mail address	Address Address Abeath Basiles Gity/State and Zip Code A D Stynafellowa amale
For further information concerning this matter, pleas	e call:
MUNDON BECK Name of Person	at Z 6 8 4 3 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
~	Certified Copy Certificate of Status & Certified Copy
-	_
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Voa laadear	15, LLC
(Name of the Limited Liability Compan (A Florida Limited Liability Companion)	iy as ft now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 122000047.84	
This amendment is submitted to amend the following:	OF ST
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words"	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	125 Azalea Dr.
(Principal office address MUST BE A STREET ADDRESS)	Daytora Beach, PL 3:2117
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 250949 Holly Hall, Fr 32125
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: Day 100	PON BECK PLALEADY Enter Florida street address WBEACH, Florida Zip Code

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

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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 Degistered 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
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			□Add
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	re date, if other than the date of filing:
ote:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cume	nt's effective date on the Department of State's records.
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is file	ed.
ated_	8/28/2023
	1 King D
	Signature of a member or authorized representative of a member
	Shannon Beck

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