Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (85

: (850)617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mdockins@shumaker.com

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2022 AUG 3 I PH 1: 2

Electronic Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Katzndogs, LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our re- Limited Liability Company)	colqr')
The Articles of Organization for this Limited Liability Confered Accument number <u>L22000110372</u>	ompany were filed on March 17, 20	22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		2022
(Mailing address MAY BE A POST OFFICE BOX)		
		31 E
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>er</u>	TO THE NAME OF THE INCOME PERSONNEL
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street ad	ddress
		, 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 Changing Registered Agent, Signature of New Registered Agent

2022/08/31 11:17:05 4 /5

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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 Actio
AMBR	Matthew Mitchell	1000 Jackson Street	
		Toledo, Ohio 43604	□Remove
			Change
			□Add
			□Remove
			Change
			DAdd
			Remove
			Change
			🗀 Add
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			Change

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be p	(optional) orior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note: If the date inserted in this block does not meet the ap- document's effective date on the Department of State's reco	plicable statutory filing requirements, this date will not be listed a
document's effective date on the Department of State's reco	rus.
he record specifies a delayed effective date, but not an effective ord is filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
August 30 2022	
Dated August 30	 ·
	authorized representative of a member

Typed or printed name of signee