(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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2022 HAY 16 AM II: 28 SECRETARY OF STATE

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
COCKA-D	DATIL DO LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SABRINA CROSBY		
		Name of Person	
		Firm/Company	
113 CROSBY ROAD			
		Address	
	SAN MATEO, FLORIDA	32187	
	SUNSETHILL2015@YAH	City/State and Zip Code OO.COM	
	E-mail address: (to be used for future annual report not	ilication)
For further information of	concerning this matter, please ca	all;	
SABRINA CROSBY		386 972-9021	
Name o	of Person	at ()	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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)
Mailing Addres		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 MAY 16 AM-11: 28

COCKA-DATIL-DO LLC

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

(A Florida Limited Liability Company)

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Co	ompany were filed on 3/18/2022	and assigned
Florida document number L22000136442	<u></u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
COCKA-DATIL-DOO LLC		
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRE	ESS)	
Farm		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter t	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
	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
			□Add
			□Remove
			Change
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ffective date, if other than the data effective date is listed, the date must be some of the date inserted in this block locument's effective date on the Dep	ck does not meet	t the applicabl	date of filing or le statutory fil	more than 90 days a ing requirements.	ptional) after filing.) Pursu this date will no	ant to 605.020 ot be listed a
record specifies a delayed effective d is filed.	date, but not an	effective time	e, at 12:01 a.m	. on the earlier of	(b) The 90th	day after the
Dated April 22		2022				
Dated APT 22						
Sabrina Crosby Sabrina Crosby Sabrina Crosby (Apr 12, 2027 G-92 E01	-					

Filing Fee: \$25.00