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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	9
PICK-UP	■ WAIT	MAIL
		
(Bu	siness Entity Name)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

TO:	Registration Se Division of Cor			
oup in		Doggs, LLC		
SUBJEC	LI:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	endence concerning this matter	to the following:	
		Leanna Stansell		
			Name of Person	
		All About Dogs, LLC		
			Firm/Company	
		1141 Galileo ST E		
			Address	
		Address Lehigh Acres, FL, 33974 Ciry/State and Zip Code Laninga.Dani@gmail.com		
			City/State and Zip Code	
		Laninga.Dani@gmail.com	n	
		E-mail address: (to be used for future annual report notifica	ition)
For furth	ner information c	oncerning this matter, please ca	all:	
Mark La	aninga		239 961-6391	
	Name o	f Person		elephone Number
Enclosed	l is a check for th	ne following amount:		
2 \$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 S Division of C		Registration Section Division of Corpo	
	P.O. Box 632	=	The Centre of Tal	
	Tallahassee I	FL 32314	2415 N. Monroe S	Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



All About Doggs, LLC

2022 HAY -2 AH 8: 22

S, LLC

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

(A Florida Limited Liability Company)

Florida document number L22000142938	npany were filed on 03/23/2022	and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	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 ADDRES	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our records, <u>er</u>	iter the name of the new registered
New Registered Office Address:		
New Registered Office Address:	Enter Florida street ac	ldress
New Registered Office Address:		, Florida
New Registered Office Address: New Registered Agent's Signature, if changing Registered A	City	

If Changing Registered Agent, Signature of New Registered 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
AMBR	Leanna Stansell	1141 Galileo ST W Lehigh Acres, FL, 33974	• Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ective date, if other than the	ne date of filing:	· -	(optio	nal)
effective date is listed, the date nee: If the date inserted in this	sust be specific and cannot be p block does not meet the ap	prior to date of filing or plicable statutory f	or more than 90 days after filling requirements, this	iling.) Pursuant to 605.020 date will not be listed a
ument's effective date on the			•	
ord specifies a delayed effect filed.	ave date, but not an effecti	ve time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after th
ed	2022	<u>. </u>		
1///	•			
Mark La	UIUGO Signature of a member or a	authorized measure	tive of a member	