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(((H220001635343)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

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

Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **PUPS & JUGS LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pups & Jugs LLC			
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi	ility Company were filed on 04/15/2022	and as	ssigned
This amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office address on our records, <u>enter the n</u> here:	amc of the f	registered
Name of New Registered Agent:			AND FILED
New Registered Office Address:	Enter Florida street address	-00 - 1	-
	, Florida		<u> </u>
	City	Zip Cod	le

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	SAVANNAH TAYLOR	7901 4TH ST N STE 300	🗆 Add
		ST. PETERSBURG, FL 33702	X Remove
			□Change
MGR	SAVANNAH TAYLOR	7901 4TH ST N STE 300	% Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
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			□Change
			□Add
			Remove
			□ Change

	<u>. </u>
ffec	tive date, if other than the date of filing: (optional) ffective 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
Note	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docu	ment's effective date on the Department of State's records.
	ord 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
'd is	filed.
	, 05/05 2022
)ate	. 2022
	Piles tack
	Signature of a member or authorized representative of a member
	Dilana Davida
	Riley Park

• . .

Filing Fee: \$25.00