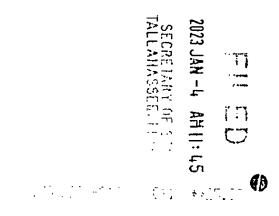
## L23000188813

(Requestor's Name)	
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(Only) States 21 pt Hoste my	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE JAN - 4 2023	
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2022 Jr. -4 KHH: 39

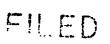
## **COVER LETTER**

TO: Registration Section Division of Corporations		•	
SUBJECT: Hound Dog Co	on Sulting LL nited Liability Company	<u>_</u>	
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspondence concerning this matter	to the following:		
- NIBY	Name of Person	RERP	
Three Br	Edges Podviso	- TAC	
817 Gast	Conover St	<del>/</del>	
Tampa	FL 33 603 City/State and Zip Code	)	
E-mail address:	(to be used for future annual report	notification)	
For further information concerning this matter, please of	eall:		
Mame of Person	at ( <u>8 3) 409</u> Area Code Da	-8465 rtime Telephone Number	_
Enclosed is a check for the following amount:			
\$25.00 Filing Fee	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Address:	Street Address	<u>i</u>	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION





OF

2023 JAN -4 AM 11: 44 The Articles of Organization for this Limited Liability Company were filed on 5/9Florida document number 422001888/2 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Cin

\_, Florida \_\_\_

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>	<u>Address</u>	Type of Action
MGR	Christopher L Licata	3781 Bramblewood La,	<u> </u>
		Spring H.11, FL 34609	<del>∏</del> Remove
			□Change
pmba	Anhal D Cabrela	6509 Cystal Brook Dr Tapa FL 33625	□ Add
		Tapa FL 33625	<b>E</b> Remove
			□Change
		<del></del>	□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective Note: If the	date, if other than the date of filing:
If the record sprecord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>W</u>	lednesdog Janu-g. 6th
	Signature of a member or authorized representative of a member
	Typed or printed name of signee