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COVER LETTER

TO:	Registration Section Division of Corpora		, , ,	
SUBJI	ЕСТ:	Name of Limi	Cuts LL (ted Liability Company	2
The en	nclosed Articles of Ame	ndment and fec(s) are subr	mitted for filing.	
Please	return all corresponden	ce concerning this matter t	to the following:	
	-	Susa	n Trammel Name of Person	
	_	Puppy	Pirm/Company	
	<u>].</u>	2041 South	nern Blvd	Unit-1
	<u>+</u>	Royal Paln Duppyc E-mail address: (1	Deach, FL City/State and Zip Code U 150@9mail. (o be used for future pannual report notif	33470 2000 ication)
For fur	rther information conce	ming this matter, please ca	II:	
S	Name of Pers	mmel	at (56/) 201- Area Code Daytime	2740 Telephone Number
Enclos	sed is a check for the fol	lowing 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

Puppy Cuts	, LLC
(Name of the Himited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 22003 i 33.</u> 1	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited The new name must be distinguishable and contain the words "Limited I	Liability company here: Spall L C 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	<u> </u>
Enter new mailing address, if applicable:	<u>U 24</u> 20 287 1000 1000 1 000
Mailing address MAY BE A POST OFFICE BOX)	2
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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

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
Didigi	Denise Catalano	17714 38th Rd N. Loxahatchee, FL 33	Dxdd
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effective date is listed, the date must be specific and cannot be prior to/date of fi If the date inserted in this block does not meet the applicable statute iment's effective date on the Department of State's records.	ory filing requirem	days after filing.) Pursu tents, this date will no	ot be listed
ord specifies a delayed effective date, but not an effective time, at 12:6 filed.	01 a.m. on the earl	ier of: (b) The 90th	day after t
d July 14, 2023.			
Signature of a member or authorized repre			