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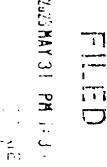
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10;	Division of Cor	porations		· v		o _{th}	
SHRIF	CT: PAW	SAND	PAW	IRENT 5 ted Liability Company	LLC		
., 01.012	· ·		Name of Limi	ted Liability Company			
The enc	losed Articles of	Amendment and f	ee(s) are sub	mitted for filing.			
Please re	cturn all correspo	ndence concerning	3 this matter t	to the following:			
		ALE	XANDE	R J. VI	CKERS		
				PAUREN Firm/Company		LC	
		782	.9 K	EFL CT	APT	207	
		LAN	JT A N	City/State and Zip Co	334	62	
				City/State and Zip Co DPAWRE to be used for future ann	_		, M
For furt	her information c	concerning this ma					
ALE	EXANDER	J. VICA	CERS	at (<u>954</u>) Area Code	643-	2168	
	Name o	of Person		Area Code	Daytime T	elephone Number	
Enclose	ed is a check for t	he following amou	int:				
□ \$25	5.00 Filing Fee	□ \$30.00 Filir Certificate		☐ \$55.00 Filing F Certified Copy (additional copy is	y .	\$60,00 Filing Certificate of Certified Cop (additional copy	f Status & py
	Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27		Regi Divi The 241:	et Address: istration Section of Corpo Centre of Tal 5 N. Monroe S ahassee, FL 3	orations Hahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAWS AND F	AWREN	TS	LLC			
PAWS AND F	Liability Company : Florida Limited Liab	as it new ar ility Compa	opears on our re my)	ecords.)		
The Articles of Organization for this Limited Liab		re filed or	10/06	12022	and as	ssigned
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of t	he limited liability	y compan	y here:			
CORNY DOG CLOTA The new name must be distinguishable and contain the wor	1 LLC					
		Company,"		'LLC'' or the abbr	eviation "l	J.L.C "
Enter new principal offices address, if applicab		<u> </u>	<u> </u>			
(Principal office address MUST BE A STREET	<u>ADDRESS)</u> _			f 7	7.	
Enter new mailing address, if applicable:	-	N/A	1	· ·	2025 KAY 3	1 1
(Mailing address MAY BE A POST OFFICE B	- 230			÷	 _	
B. If amending the registered agent and/or reg	istered office add here:	lress on o	ur records, <u>e</u> i	nter the name	د of the no	ew registered
Name of New Registered Agent:	N/A		-			
New Registered Office Address:	N/A	· · · · · · · · · · · · · · · · · · ·	r Florida strvet ac		_	
		tsnte.				
		City		_, Florida	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 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
NA	N/A	N/A	
			□ Renюve
			□Clunge
			□Remove
			□Change
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Note:	ve date, if other than the date of filing: \(\int \int \int \) \(\lambda \) (optional) extive 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a cent's effective date on the Department of State's records.
ord is fil	
Dated _	MAY 26TH 2023 White Signature of a member or authorized representative of a member
	My him
	Signature of a member or authorized representative of a member

Typed or printed name of signee