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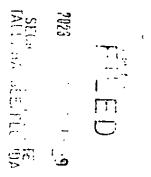
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01/24/23--01033--002 **25.00



COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: JUN	Myard Do G Name of Lin	nited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	LYNK! B	Name of Person	JR.	
	Junkyard	Po G L.L.C. Firm/Company		
	3626	VE 19th Pi.	7023	
	Cape Co	Cal FL 3.	3909	v -
	WOKYOLAda E-mail address: (to be used for future annual report notif	ication)	
For further information co	ncerning this matter, please c	all:	9.	
Lyne B.	MOULTICE Person	JR, at (207) 450. Area Code Daytime	- 2659 Telephone Number	
Enclosed is a check for the	: following amount:			
√ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:		

TO:

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

JUNKYard DOG LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $_$	$\frac{-04-23}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	ssignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7:0
(Principal office address MUST BE A STREET ADDRESS)	25 25
	ddress MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	confirmation of the
	£.
B. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	ecords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	da street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title AMBR	<u>Name</u>	Address	Type of Action
APIDIN	Ja'siah Moultrie	3626 NE 19th PL.	[v/Add
	1.10014116	Cape Coral, FL	
		33909	□Change
MGR	Lynel Moultrie	3626 NE19th PL.	DVAdd
		Cape Coral, FL	□Remove
		33909	□Change
			□Add
		·	□Remove
			□Change
			SE □ ANU :
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	ther than the date sted, the date must be sp	secutic and cannot	t be prior to date of t	iling or more than 90	(optional) days after filing.)) Pursuant to 605 will not be list	5.0207 ed as
Tan effective date is its Note: If the date ins	serted in this block de date on the Departi			tory Hing requiren	iens, ms date		
ran effective date is is Note: If the date ins document's effective effective effective	serted in this block d	ment of State's	records.			e 90th day afte	r the
ran effective date is is Note: If the date ins document's effective effective effective and specifies a detail of the filed.	serted in this block de e date on the Departi	ment of State's a	records. Sective time, at 122				r the
Note: If the date is is document's effective e record specifies a drd is filed.	serted in this block de date on the Departi	nent of State's control of State	records. Exercise time, at 12 :	01 a.m. on the ear	lier of: (b) The		r the

Filing Fee: \$25.00