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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	porations	•				
	AROLINA BULLDOGS LLC			•		
SUBJECT:	Name of Lin	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	VICTOR VERDI PA					
		Name of Person		-		
	VERDI ASSOCIATES GI	ROUP				
		Firm/Company		-		
	9681 NW 58TH COURT					
		Address		-		
PARKLAND, FLORIDA 33076						
		City/State and Zip Code		2023 FEB SECRETA TALLA	V V	
	vieverdi@comeast.net	to be used for future annual report notific	cation)	表列 -6		
For further information of	oncerning this matter, please of	•	,	AH 10: 08	;	
VICTOR VERDI PA		732 829 8397 at ()): 08		
Name o	of Person		Telephone Number	r		
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □						
Mailing Addres Registration : Division of C	Section	Street Address: Registration Sect Division of Corp				
P.O. Box 632		The Centre of Ta				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG OS CAROLINA BULLDOGSLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>JAN</u> 10, 2023 and assigned Florida document number <u>L23000022141</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BIG OS BEACH BULLDOGS LLC 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.

City

, 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

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