## 23000074889

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	_
(Document Number)	
Copies Certificates of Status	<del></del>
instructions to Filing Officer	
Office Use Only	



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A. BUILER FEB 2 3 2023

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: BARK	ON'S FLOOING Name of Limi	CREW L.L.C.	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sanji	ACINA RUBIO Name of Person	
		Firm/Company	
	7.305 [9	Address	
		SEE FLORIDA- City/State and Zip Code	
For further information c	Santalliart E-mail address: ( oncerning this matter, please ca	10 8 C C CYNG 1 L. to be used for future annual report not all:	ification)
Tor runner unernament	·····, (		
Name o	t Person	at ()	ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GANIZATION	. ,	•	· ' <del>j</del>
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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

Title	Name	Address	Type of Action
			□ Add
			☐ Remove
			□Change
			□Add
			□Remove
			□Add
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Note:	ve date, if other than the date of filing:
rd is fil	
Dated _	23 2023  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Sanjuana Rubio Typed or printed name of signee

Filing Fee: \$25.00