## L23000102406

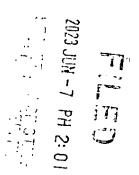
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US 17/31/23

## **COVER LETTER**

TO: Registration of Division of	on Section Corporations		
Dogs o	of Anarchy		
SUBJECT:	Name of Li	imited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	ubmitted for filing.	
Please return all corr	respondence concerning this matte	er to the following:	
	Shannon Taaffe		
	*. <u></u>	Name of Person	
	Dogs of Anarchy	DA JU	77
		Firm/Company	
	23273 Family Lane		
		Address (Tigo)	
	Brooksville, FL 34602		9
		City/State and Zip Code	
	shannon.taaffe@gmail.com	m: (to be used for future annual report notification)	
For further informat	ion concerning this matter, please	· ·	
Shannon Taaffe	<b>3</b>	352 760-2221	
Ni	une of Person	at ()	
Enclosed is a check	for the following amount:		
\$25.00 Filing Fo	_	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fe	r
= \$25.00 Times 10	Certificate of Status	Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)	atus &
Mailing Ac	Managa	Street Address:	
*	ion Section	Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations	
	ee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	,	Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Dogs of Anarchy, LLC		
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/27/2023	and assigned
Florida document number <u>1.23000102406</u>	<del>_</del> :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	ہے۔
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	1 1
		· P [11]
		70, 2
Enter new mailing address, if applicable:		- <u>0</u>
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered	office address on our records, enter t	he name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	Ciţv	Zip Code

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 Amhorized 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
MGR	Shannon Taaffe	23273 Family Lane		_ <b>≣</b> Add
		Brooksville, FL 34602	···	_ □Remove
				_ □ Change
		<del>.</del>		_ □Add
			2023 JUN - T PH 2: 01	_ □Remove □ □ Change □ □ Add
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ctive date, if other than the date of filing:	(or	otional)		
ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing  E: If the date inserted in this block does not meet the applicable statutory  iment's effective date on the Department of State's records.	g or more than 90 days at filing requirements,	ter filing. this date	) Pursu will no	ant to 605.02 of be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of:	(b) Th	ic 90th	day after th
ed May 31 2023				
Signature of a member of authorized represen				

Filing Fee: \$25.00