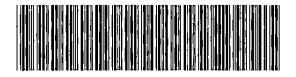
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DATE:

05/11/23

NAME: DOGUSA, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: . Registration Section

Division of Cor	porations		
SUBJECT: DOGUSA,	LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alan T. Hawkins		
		Name of Person	
	INDEPENDENT LAW, P		
		Firm/Company	
	2106 NW 4TH PL		
		Address	
	GAINESVILLE	·	
	ahawkins@independent.lav	City/State and Zip Code	
		to be used for future annual report no	tification)
For further information e	oncerning this matter, please c	all:	
Alan Hawkins		at () 352353404	18
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	-	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOGUSA, LLC

(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 04/17/2023 and assigned

Florida document number 123000189228

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

A. If amending name, enter the new name of the limited liability company here:

1581 W. 49TH ST.
MIAMI, FL 33012
1581 W. 49TH ST.
MIAMI, FL 33012

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

	City	_, Florida Zin Code
New Registered Office Address:	Enter Florida street o	address
Name of New Registered Agent:	<u> </u>	

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>	Name	Address	Type of Action
MGR	Hernando, Eduardo	1581 W. 49TH ST.	■ Add
		MIAMI, FL 33012	
			Change
			□Add
			□Remove
			□Change
			[]Add
			□Remove
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Effective date, if other the fan effective date is listed, the context of the date inserted in locument's effective date or	late must be specific a this block does no	and cannot be prior to of meet the applicab	date of filing or more	(option than 90 days after fil equirements, this d	ing.) Pursuant to 605.020
record specifies a delayed of is filed.	effective date, but r	not an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated May 9		2023	, -		
	- C7 21 E	amember or authoriz			
	জignature of	annember or authoriz	red representative of	a member	

Filing Fee: \$25.00