

L23000299049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

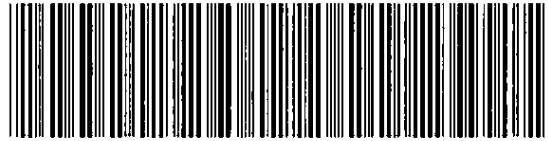
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000413348300

08/08/23--01012--007 \*\*25.00

2023 AUG -8 AM 7:40  
FILED

8/25/2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DoggyStyle Teez LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Filing MichaelD

\_\_\_\_\_  
Name of Person

ZenBusiness Inc.

\_\_\_\_\_  
Firm/Company

336 E College Ave, Ste 301

\_\_\_\_\_  
Address

Tallahassee, FL 32301

\_\_\_\_\_  
City/State and Zip Code

fulfillment@zenbusiness.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Filing MichaelD c/o ZenBusiness Inc.

844

493-6249

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



---

OFFICE OF THE SECRETARY OF STATE  
**ALEXI GIANNOULIAS** • Secretary of State

---

July 31, 2023

ZenBusiness Inc.  
5511 Parkcrest Dr Suite 103  
Austin, TX 78731

RE: DoggyStyle Teez LLC  
File #

Dear Sir or Madam:

The enclosed documents were sent to the Illinois Secretary of State in error.

If you have any questions, please contact our office at the number listed below.

Limited Liability Division  
Department of Business Services  
Illinois Secretary of State  
501 S. Second Street, 351 Howlett Building  
Springfield, IL 62756

217-524-8008

ME: me

enclosures

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2023 AUG -8 AM 7:40

DoggyStyle Teez 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 06/21/2023 and assigned  
Florida document number 1,23000299049.

This amendment is submitted to amend the following:

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

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*

Florida

*City*

*Zip Code*

**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**

•

1

Title	Name	Address	Type of Action
AMBR	Tarik Peters	8590 SW 212TH ST #202 Miami, FL 33189	AddRemoveChangeAddRemoveChangeAddRemoveChangeAddRemoveChangeAddRemoveChange

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

/s/ Shawana Johnson

Shawana Johnson

**Filing Fee: \$25.00**