L23000402271

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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. COVER LETTER

TO: Registration S Division of Co				4
Weepeggl	28			
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Nancy Callahan			
		Name of Person		
	Weepeggles			
		Firm/Company		
	9355 126th Ave N			
		Address		
	Largo FL			
		City/State and Zip Code		
	maggiewill27@yahoo.com E-mail address: (1	to be used for future annual i	report notification)	
or further information	concerning this matter, please ca		•	
ames K Callahan			2-3565	
Name	of Person	Area Code	Daytime Telepho	one Number
enclosed is a check for	he following amount:			
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	ss:	Street Ad	laress:	
Registration	Section	Registra	tion Section	
	•		-	
Mailing Addre Registration Division of G P.O. Box 63	Section Corporations	Division		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Draggles LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on August 28, 2023	and assigned
Florida document number L23000402271		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Weepeggles LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	9355 126th Ave N	
(Principal office address MUST BE A STREET ADDRESS)	Largo FL, 33773	202
		
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		က
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nai</u>	me of the new registered
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

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
			□Add
			□Remove
			☐ Change
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			□Add
			□Remove
			□C'honus

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	Only ammending the name.
	
lf an c <u>Note:</u>	tive date, if other than the date of filing:
	·
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
	November 3 2023
Dated	November 3 , 2023
	I) Cillalan.
	1 larry all arrace
	Signature of a member or authorized representative of a member