

5/3/24, 8:15 AM

Division of Corporations

L23000467738

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H240001941543)))



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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: rllops@parasec.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PUP PATROL OF SOFL LLC

Certificate of Status	0
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M. SOLOMON
JUN - 5 2024

Electronic Filing Menu

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Help

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To: 18006035868 From: Restricted Date: 06/04/24 Time: 2:22 PM Page: 01
850-617-6381 6/4/2024 10:22:21 AM PAGE 1/001 Fax Server



June 4, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PUP PATROL OF SOFL LLC
2079 NORTHEAST 54TH COURT
FORT LAUDERDALE, FL 33308US

SUBJECT: PUP PATROL OF SOFL LLC
REF: L23000467738

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted is incomplete, missing second page (manager changes page). Even if you are not making changes to managers, the page must be submitted with the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000194154
Letter Number: 224A00012032

2024 JUN -5 AM 9:57

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Pup Patrol of SOFL 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 5/31/2024 and assigned
Florida document number L23000467738

This amendment is submitted to amend the following:

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

Pup Patrol LLC

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

City, Florida 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.

State of FLORIDA

County of CLAY

On this 31st day of May 2024

before me personally appeared

Heather Simpson

to me known to be the person who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

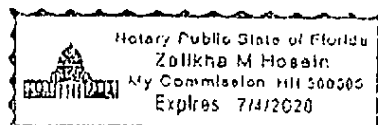
State (signed) Heather Simpson

NOTARY PUBLIC

NO CHANGE TO AGENT,
BUSINESS NAME CHANGE ONLY

If Changing Registered Agent, Signature of New Registered Agent

Heather Simpson



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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

2024 JUN -5 AM 9:57
STANDARD
TIME
OF
THE
UNITED
STATES
OF
AMERICA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NAME CHANGE ONLY, OF BUSINESS

[The following section contains multiple horizontal lines, most of which are crossed out with a diagonal line.]

SECRETARY OF STATE
AT CHASSELIER

2024 JUN -5 AM 9:57

LEO

E. Effective date, if other than the date of filing: May 31, 2024 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated May 15-31st 2024

[Handwritten signature of Heather Simpson]

Signature of a member or authorized representative of a member

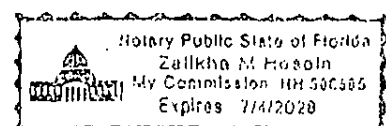
Heather Simpson

Typed or printed name of signee

State of FLORIDA
County of DE DUVAL
On this 31st day of MAY, 2024,
before me personally appeared
Heather Simpson
to me known to be the person who executed the
foregoing instrument, and acknowledged that he
executed the same as his free act and deed.

SEAL (signed)

NOTARY PUBLIC



Filing Fee: \$25.00

May 31st 2024