## <u>1221 0000 88409</u>

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pari	adre Puppies	SLLC	
	Liability Company as it now apper Florida Limited Liability Company		
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on _	aladay	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the word	is "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		<del></del>
(Principal office address MUST BE A STREET)	ADDRESS)		<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		MAY 28 PH
B. If amending the registered agent and/or regi agent and/or the new registered office address b	istered office address on our nere:	records, enter the nam	ne of the new registered
Name of New Registered Agent:	Namery !	Sadik	
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	Zio Code
	City		Zφ 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 Type of Action Address Name. **Title** BOCA Ration, Fl 33496 PREMIOVE Hikmanger Cole Goldberg \_\_\_\_\_ Change \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Add Remove \_\_\_\_ 🗆 Change □Add \_ □Remove \_ Change □Add □Remove Change

## Scanned with CamScanner

11 amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	e date, if other than the date of filing:
record d is file	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 d.
Dated _	5/23/24
	Signature of a member or authorized representative of a member
	Namery Sadik Typed or printed name of signee

Filing Fee: S25.00