L2400118217

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(Address)	
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COVER LETTER

	istration Sectision of Corpo		
	Delta Canine	Corner	
SUBJECT:		Name of Lim	ited Liability Company
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.
Please return	all correspond	dence concerning this matter	to the following:
		Lauren Cohen	
			Name of Person
		Delta Canine Corner	
			Firm/Company
		1701 NW 97th Terrace	
			Address
		Plantation, FL 33322	
		lauren@deltacaninecorner.c	City/State and Zip Code
		_	to be used for future annual report notification)
For further in	formation cor	ncerning this matter, please c	all;
Lauren Cohe	n		954 860-4963 at ()
	Name of I	Person	Area Code Daytime Telephone Number
Enclosed is a	check for the	following amount:	
≡ \$25.00 F	iling Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	iling Address: gistration Sevision of Co. J. Box 6327 lahassee, FI	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	•		Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab) (A Flori	ility Company as it now appears on c da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number L24000118217	Company were filed on 3/8/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADE	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		is, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	rect 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 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>	Address	Type of Action
MGR	Lauren Cohen	1701 NW 97th Terrace	≣ Add
		Plantation, FL 33322	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
			☐Remove

I was told by your office	to file this to add myself as an agent of the business to	be able to open up a business
account, etc.		
		
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ctive date, if other than (the date of filing: must be specific and cannot be prior to date of filing or more to	(optional)
If the date inserted in this	s block does not meet the applicable statutory filing re-	han 90 days after filing.) Pursuant to 605.02 quirements, this date will not be listed
ment's effective date on the	e Department of State's records.	
ord specifies a delayed effec filed.	ctive date, but not an effective time, at 12:01 a.m. on the	he earlier of: (b) The 90th day after the
d 5/15	2024	
	,	227
Lauren Cohen		•

Typed or printed name of signee