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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : 120240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

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

Email Address: amyspower@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STEADFAST & VALIANT GOLDENDOODLES, LLC

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THEPMIFUX

AUG - 6 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VALIANT GOLDENDOODLES		
(Name of the Limited L. (A.F.	lability Company as it now appears on our forida Limited Liability Company)	(19501 dp.)	
The Articles of Organization for this Limited Liabil	lity Company were filed on 07/15/2-	4 and assigned	
Florida document number L24000315072	·		
This amendment is submitted to amend the following	ng:		
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	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)	28	
		5 7	
Enter new mailing address, if applicable:		N	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
		D :: 2	
m ref	Carried address and discuss and assessment	mi N	
B. If amending the registered agent and/or a registered agent and/or the new registered office		ecords, enter the paule of the new	
Name of New Registered Agent:			
New Registered Office Address:			
<u></u>	Enter Florida street address		
-		Plorida	
	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 Astent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each nerson, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Tammi Cinrad	1085 Alto Rd	
		Lantana, FL 33462	☑ Ramove
			□ Change
MGR_	Tammi Conrad	1085 Alto Rd	
		Lantana FL 33462	Remove
			Change
			D Add
			□ Каточе
			☐ Change
		·····	Add
			□ Ramova
			□ Change
			Adu
			☐ Remove
			Change
	<u></u>	4	□ Add
			□ Remove
			☐ Change

.From Corpora	ite Service Center In	c 1.702.507.9682 F	ri Aug - 2 13:35:47 202	4 MDT Page 4 of 4
D. If amending any oth	her Information, enter ch	unge(s) here: (Attach a	additional sheets, if necessa	ימי)
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		N/A		
Note: If the date insert	er than the date of filing: I, the date must be specific and co ed in this block does not me ate on the Department of Sta	et the applicable statutory	(optional); or more than 90 days after filing. filling requirements, this date) Pursuam to 605.0207 (3)(b) will not be listed as the
If the record specifies (b) The 90th day after	a delayed effective dater the record is filed,	te, but not an effecti	ve time, at 12:01 a.m.	on the earlier of:
Dated 8-1-20	224	_		
	1			
	Syparure of a mer	mber or nuthorized represent	etive of a member	
	Ū			
		Amy Tedesco		