N1300003133

| (F | Requestor's Name) | - |
|-------------------------|-------------------------|--------------|
| <u>A)</u> | Address) | |
| (A | Address) | |
| (Č | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name) | |
| (C | Ocument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | |
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| , | Office Use Only | |



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DIVISION OF CORPORATION

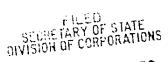
C. Lewis 14

COVER LETTER

TO: Amendment Section
Division of Corporations

| · | | |
|--|--|--|
| NAME OF CORPORATION: Tugg's P | ink House | of Wuff. Inc. |
| DOCUMENT NUMBER: N1300000 | 3133 | |
| The enclosed Articles of Amendment and fee are sub | mitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| Blake Ovard | | |
| | (Name of Contact Person | n) |
| | (Firm/ Company) | |
| 302 W. Heard St. | | |
| | (Address) | · · · · · · · · · · · · · · · · · · · |
| Cleburne, TX 76033 | | |
| | (City/ State and Zip Cod | e) |
| blake@blakeova | ard.com | |
| E-mail address: (to be used | | notification) |
| For further information concerning this matter, please | call: | |
| Blake Ovard | 432 | 847-7073 |
| (Name of Contact Person) | | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | yable to the Florida Depa | rtment of State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle |

Articles of Amendment to Articles of Incorporation of



| (Name of Corporation as currently filed with the Florida Dept. of State) N1300003133 (Document Number of Corporation (if known) ursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Concendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: N/A Image must be distinguishable and contain the word "corporation" or "incorporated" or the accompany" or "Co." may not be used in the name. Enter new principal office address, if applicable: Trincipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | Th |
|--|--------------------|-------------|
| (Document Number of Corporation (if known) arsuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Conendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: I/A Image: If amending name, enter the new name of the corporation: I/A Image: Image | | Th |
| arsuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Comendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: I/A Image: Manage of the corporation of | | Th |
| If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: I/A Image: If amending name, enter the new name of the corporation: I/A Image: | | Th |
| In the must be distinguishable and contain the word "corporation" or "incorporated" or the accompany" or "Co." may not be used in the name. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | ibbreviation "Corp | |
| ime must be distinguishable and contain the word "corporation" or "incorporated" or the a Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | ibbreviation "Corp | |
| Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: | ibbreviation "Corp | |
| Enter new mailing address, if applicable: | | <u> </u> |
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| If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address: Name of New Registered Agent: | name of the | |
| | | |
| (Florida street address) | | |
| New Registered Office Address: | | |
| | rida | |
| (City) | (Zip Co | ode) |
| ew Registered Agent's Signature, if changing Registered Agent: sereby accept the appointment as registered agent. I am familiar with and accept the obliga | | |

Page 1 of 4

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | <u>V</u> <u>Mi</u> | nn <u>Doe</u> ike Jones Ily Smith | |
|----------------------------------|--------------------|---|----------------------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | <u>vs</u> | Nicole Ewing | 8396 Camp Gregg Ln. |
| X Add | | | North Charleston, SC 29418 |
| Remove | | | |
| 2) Change | <u>V</u> | Joan Kautz Ellis | 6224 Yellowtop Dr |
| Add | | | Lakewood Ranch, FL 34202 |
| X Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5)Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) |
|--|---------------|
| I/A | |
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| | date of each amendment(s) add this document was signed. | SECRETARY OF STATE OF VISION OF CORPORATIONS | , if other than the |
|------|---|---|---------------------|
| Effe | ective date if applicable: | | _ |
| | | (no more than 90 days after amendment file date) 18 AM 9: 52 | |
| Ada | option of Amendment(s) | (CHECK ONE) | |
| | The amendment(s) was/were add was/were sufficient for approval | opted by the members and the number of votes cast for the amendment(s) | |
| | There are no members or member adopted by the board of director | ers entitled to vote on the amendment(s). The amendment(s) was/were is. | |
| | have not been | nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or | - |
| | other court ap | ppointed fiduciary by that fiduciary) | |
| | Blake Ova | ard | |
| | (| Typed or printed name of person signing) | |
| | President | | |
| | | (Title of person signing) | |