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K. SALY EXAMINER 2013

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PETS EXCLINATE OF L	USTVE LLC imited Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
ANI	DE Mane of Person	
	Name of Person	
PET	5 EXCLUSIVE LLC Firm/Company	<u> </u>
709	7. NW 99 CIRCLE	
	Address	
Planto	A 700 FC 33324 City/State and Zip Code	
PETSE E-mail addres	EXCUSIVELLE 65 ss: (to be used for future annual report notification	MAK-CEM
For further information concerning this matter, please	•	
PNDRE MAPNE Name of Person	at (SY) 474-6 Area Code & Daytime Tele	961 phone Number
Englosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status	S Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	FILED
13 APR	-4 04
SECRET	487.05.05.05
ords.)	ARY OF STATE SSEE, FLORIDA

PETS EXCLUSIVE LLC (Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number L 11000119468 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with 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

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
	1 i		Remove	
		:		
			Add	
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			Add	
			Remove	

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
ated	APRIL Z , 2013
	Signature of a member or authorized representative of a member
	ANDLE MANNE Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00