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Certified Copies	_ Certificates	of Status
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ECRETARY OF STATE

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COVER LETTER

		ation Section of Corpor					:
SUBJEC	т.	PETNW	ELL	LLC			
JUDJEC				Name of Lin	nited Liability Company		
The enclo	osed Art	icles of Am	endment a	and fee(s) are sul	bmitted for filing.		
Please ret	urn all	corresponde	ence conce	rning this matter	r to the following:		
				CAMILO	MADRINAN		
					Name of Person		
				PETON	ELL LLC		
					Firm/Company		
			<u>2881</u>	NJ 98 (CT / UNIT 10 Address		
					Address		
			DOR	AL, FL	33 \ 7 Z City/State and Zip Code		
		-	RUPO	E-mail address:	ELL. UET (to be used for future annual re	eport notification	on)
For further	er infor	nation conc	erning this	s matter, please o	call:		
CAM	TLO	MAOR IN			at (786) 48 Area Code	337 Daytime Tele	4327 ephone Number
		ck for the f	ollowing a	mount:			
至 \$25.0	00 Filing	g Fee		Filing Fee & icate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		□ \$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 TO ARTICLES OF ORGANIZATION OF

PETOWELL LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company v	were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2016	_ and assigned
Florida document number <u>L16000010601</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
PETOWELLUSA LLC			
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation '	"LLC" or the abbre	
Enter new principal offices address, if applicable:		(((((((((((((((((((Carry Charges
Principal office address MUST BE A STREET ADDRESS)		202	Amang
		312 112 112 112 112 112 112 112 112 112	. <u>.</u>
		F[S]	U
Enter new mailing address, if applicable:			ک
Mailing address MAY BE A POST OFFICE BOX)			Л
			fan
3. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here Name of New Registered Agent:		cords, <u>enter th</u>	e name of the
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida street a	ddress	
	Zenter a normal direct to		
	City	_, Florida	Zip Code
	Viny.		

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			
			Remove
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n effective date is	other than the da listed, the date must be	specific and	cannot be prior	to date of filing	or more than 9	0 days after	filing.) P	ursuant to 605.0
	inserted in this block ive date on the Depa				ming require	ments, this	s date wi	ii not de tisted
	:6: d-ld -	66		t an officiati	ua tima at	. 12.01 -		the earlier
	ifies a delayed e after the record		ate, but no	t an enecu	ve ume, a	. 12.01 6	a.iii. Oi	i the camer
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Filing Fee: \$25.00