Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000231730 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.

Account Number : I20140000049

Phone

: (786)837-6787

Fax Number

: (305)718-0687

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

		oè c G	1000	dlaw.	\sim
Email	Address:	-2100	<u> </u>		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE PET STOP FRANCHISING GROUP, LLC

Certificate of Status	U
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Page 1 of 2

FAX COVER SHEET

TO	Division of Corporations	
COMPANY	Florida Department of State	
FAXNUMBER	18506176383	
FROM	Assistant Assistant	
DATE	2017-08-28 20:36:12 GMT	
RE	Articles of Amendment for The Pet Stop Franchising Group, LLC	

COVER MESSAGE

Please find attached the Articles of Amendment for The Pet Stop Franchising Group, LLC.

TO:

Registration Section

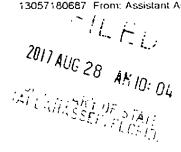
COVER LETTER

Div	ision of Corp	orations			
	THE PET S	TOP FRANCHISING GROUP.	LLC		
SUBJECT:		Name of Limits	d Liability Company		
The enclosed	I Articles of A	Amendment and fee(s) are subm	itted for filing.		
Please return	all correspor	ndence concerning this matter to	the following:		
		Eric P. Gros-Dubois			
			Name of Person	1	
		EPGD Attorneys at Law, P./	Α.		
Fime/Company					
2701 Ponce de Leon Blvd., Suite 202					
			Address		
		Coral Gables, FL 33134			
			City/State and Zip (ode	
		eric@epgdlaw.com	be used for future ar	must report notific	cation)
				atour report notifie	
For further i	information c	oncerning this matter, please co			
Eric P. Gro	s-Dubois		786 ar (857-6787)	
	Name o	[Person	at (Area Code	Daytime	Telephone Number
Enclosed is	a check for the	he following amount:			
	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co radditional copy	py:	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (addational copy is enclused)
		ING ADDRESS:		REET/COURIE	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallohassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \mathbf{OF}



THE PET STOP FRANCHISING GROUP, LLC		
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our re- ability Company)	tords.)
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on	and assigned
Articles of Organization for this Limited Liability Company were filed on		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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 off registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our rec	ords, gnter the name of the new
New Registered Office Address:	Enter Florido street o	uddress
		_, Florida
	City	Zip Crule
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as the being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity perform uce of my dutie provided for in Chapter (605. F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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

AMBR = Authorized Member Type of Action Address <u>Title</u> Name 12079 SW 131 Avenue, Miami, FL 33186 MGR Tina Zambrana LUA 🗅 **■** Remove ☐ Change 12079 SW 131 Avenue, Miami, FL 33186 The Pet Stop Mobile Clinic Holding, U.C. MGR **■** Add _□ Remove ☐ Change __ D Remove O Removes □ Change □ Remove □ Change _D Add □ Remove Change

Page 2 of 3

f amending any other information	, enter change(s) here. (Ander (additional successive	
			107
			201 AUF 28
			28
			# 10: Q
			- F
Effective date, if other than the difference of the date is listed, the date must be Note: If the date inserted in this blood document's effective date on the Dep	COCS HO. HICCI LIC application state.	(optional) iling or more than 20 days after filing ory filing requirements, this date) Pursuant to 605,0207 (3) will not be listed as the
he record specifies a delayed The 90th day after the reco	effective date, but not an effo d is filed.	ective time, at 12:01 a.m.	on the earlier of:
August 28 Dated	2017		
	inclaims of a methyl or euthyrized repr	esentative of a member	,
	ignitude of a meaning of water free stay.		
Eric P. Gros-Dubois	Typed or printed name of		

Page 3 of 3

Filing Fee: \$25.00