

L16000 184 2160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

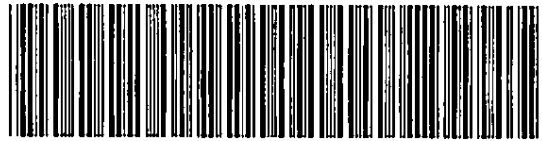
(Business Entity Name)

(Document Number)

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T.G.  
5/12/19

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pet Parent, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clifford J. Johnson

\_\_\_\_\_  
Name of Person

Break Point Law, LLC

\_\_\_\_\_  
Firm/Company

4100 N Wickham Rd, Ste 107A #251

\_\_\_\_\_  
Address

Melbourne FL 32935

\_\_\_\_\_  
City/State and Zip Code

cjohnson@breakpointlaw.org

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2019 APR -3 PM 3:44  
SECRETARY OF STATE  
PALM SPRING, FLORIDA  
APPROVED  
AND  
FILED

For further information concerning this matter, please call:

Clifford J. Johnson

321 501-9903

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Petchamp, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/04/2016 and assigned Florida document number L16000184266.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Pet Parent, LLC

The new name must be distinguishable and contain 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:**

APPROVED AND FILED  
 2019 APR -3 PM 4:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Name of New Registered Agent:

Break Point Law, LLC

New Registered Office Address:

4100 N Wickham Rd., Ste 107A #251

*Enter Florida street address*

Melbourne

City

Florida

32935

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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Community Champions Corporation	2725 Center Pl. Melbourne FL 32940	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Community Development Capital Group, LLC	2725 Center Pl. Melbourne FL 32940	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 APR - 3 PM 3:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FL GOV

APPROVED  
 AND  
 FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

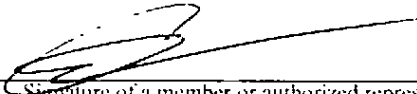
Multiple horizontal lines for amending information.

APPROVED AND FILED  
2019 APR -3 PM 3:44  
RECORDS & INFORMATION  
DEPARTMENT OF STATE  
HALLMARK BUILDING

E. Effective date, if other than the date of filing: 04/01/2019 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 4-1-19

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Clifford J. Johnson  
\_\_\_\_\_  
Typed or printed name of signee