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A. RIVERS

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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

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UBJECT:	3 Roses Pa	+ Sitting	
UBJECT:	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Rosea	Name of Person	<u>.                                    </u>
		Firm/Company	W-L
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	Panama	1 City F $\angle$ 3240 City/State and Zip Code Out (SQ $\bigcirc$ To be used for future annual report not	)9
	Panama F E-mail address:	to be used for future annual report not	ilication)
or further information e	oncerning this matter, please e	all:	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
nclosed is a check for the	he following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632	-	Division of Co The Centre of	·
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 Roses Pet Sitting 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 **January 29, 2022** and assigned Florida document number 121000217275 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Panama Purrs Cat Sitting 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin New Registered Agent's Signature, if changing Registered Agent: t 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

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

1GR = Manager MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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effective da <u>::</u> If the d	e, if other than the date of filing: January 1, 2023 (optional) the is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be lifective date on the Department of State's records.	
ord specif filed,	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
d	October 23 2022	
	RO	
	Signature of a member or authorized representative of a member	