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COVER LETTER

TO:		stration Section of Corp				
SUBJEC		Eternal Paws	ibilities		•	
SCBJEC	C1		Name of Lim	ited Liability Company		
The encl	osed :	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn a	ll correspond	dence concerning this matter	to the following:		
			Apryl Adelman			
				Name of Person		
			Eternal Pawsibilities			
				Firm/Company		
			310 120th Street Gulf			
	Address					
			Marathon, Florida 33050			
			eternalpawsibilities@outloo	City/State and Zip Code k.com		
			E-mail address: (1	to be used for future annual	report notification)	
For furth	er inte	ormation con	cerning this matter, please ca	all:		
Apryl Ac	delmai	1			67849	
		Name of P	erson	at () Area Code	Daytime Telepho	one Number
Enclosed	is a cl	heck for the	following amount:			
□ \$25.0	00 Fili	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address:	ation	Street A	ddress:	

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eternal Pawsibilities		2023 OCT 16	PM 5: 59
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on ibility Company)	our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on Octobe	r 4, 2022	and assigned
lorida document number L22000427466			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	· Communy " the design	vation "LLC" or the	ibbreviation "L. L. C."
Enter new principal offices address, if applicable:	e company: The design	and the control	iomeviation is.a.c.
• • • • • • • • • • • • • • • • • • • •			
Principal office address MUST BE A STREET ADDRESS)			***************************************
			_
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered office ad- gent and/or the new registered office address here:	dress on our recor	ds, enter the nar	ne of the new regis
gent most the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		Florida	
	City	_	Zıp 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>	Address	Type of Action
AMBR	Ashlynn Schenkel	11134 Bulen Pierce Rd	
		Lockbourne, OH 43137	■Remove
			□Change
MGR	Apryl Adelman	310 120th Street Gulf	■Add
		Marathon, Fl 33050	□Remove
			□ Change
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			⊒Add
			□Remove
			□Change
			□Add
			□Change

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(If an effect Note: If	the date, if other than the date of filing:
ne record s ord is filed	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
Dated	2023
	Signature of a member or authorized representative of agreember
	Ashlynn Schenkel/Apryl Adelman
	Typed or printed name of signee

Filing Fee: \$25.00