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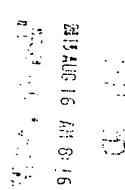
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COVER LETTER

T	D: Registration Se Division of Cor			
	FURLYFE	E, LLC		
sı	JBJECT:	Name of Lin	nited Liability Company	
Tì	ne enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Pic	case return all correspo	ondence concerning this matter	to the following:	
		MARINA SAMPAIO, ES	SQ.	
		BRYN LAW GROUP	Name of Person	
		2 SOUTH BISCAYNE B	Firm/Company OULEVARD, SUITE 2680	
		MIAMI, FLORIDA 3313	Address	
		MARINA@MARKBRYN	City/State and Zip Code	
		E-mail address: (to be used for future annual report nout	ication)
		oncerning this matter, please c	all:	
У	IARINA SAMPAIO		305 374-0501	
	Name o	i Person	Area Code Daytime	e Telephone Number
En	closed is a check for th	ne 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 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

FURLY FE, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) Hity Company)	
The Articles of Organization for this Limited Liability Company we L19000076048	03/19/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit READY PET GO! LLC	y company <u>here</u> :	
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 offic	e address on our records, g	enter the name of the
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		4 mm
New Registered Office Address:		. <u>6</u>)
	Enter Florida street address	(B) (C)
	, Floric	da
	City	z.p Coue

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			
		<u> </u>	□ Remove
			□ Change
			Remove
		·	☐ Change
			Remove
			□ Change
		 	Add
			Пепюче
			Change
<u>_</u>			
			Change

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Effective date, if other than the date (If an effective date is fisted, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applic	cable statutory filing re	(optional) than 90 days after filing.) Pursi quirements, this date will n	unt to 605.0207 (not be listed as t
the record specifies a delayed of the the record		ot an effective time	e, at 12:01 a.m. on th	ne earlier of:
AUGUST 8	2019			
Dated	whon (MS)			<u>_</u>
<u> </u>	representations of a management of an arrival	[2] C. prog (2) . [10]	1174-1177 124-117	

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Filing Fee: \$25.00