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(Re	equestor's Name)	<del></del>					
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(Ci	ty/State/Zip/Phone	:#}					
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PICK-UP	TIAW	MAIL					
(Bu	siness Entity Nam	ne)					
(Do	ocument Number)						
Certified Copies	Certificates	of Status					
Special Instructions to	Filing Officer:						
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Office Use Only

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: Four Your Paws Only, 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:

Jane K. Solomon
(Name of Person)

Four Your Paus Only, LLC
(Firm/Company)

10114 N.W. M. Street

(Address)

Tamarac, FL 33321
(City/State and Zip Code)

For further information concerning this matter, please call:

Jane K. Solomon at 954 599 -3372

(Name of Person) Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

1 \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

□ \$55.00 Fling Fee & Certified Copy (additional copy is enclosed) CJ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399



MAILING ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

<del></del>	FOUR	Your	PAWS	ONLY,	_LLC_		-			
	·	(A FI	Present Na orida Limited Liab	me) oility Company)						
FIRST:	The Articles of O document number			-28-05	and assigned					
SECOND:	The following liability company	amendment(s) to	the Articles of	f Organization was	s/were adopted by	the lim	ited			
PLEASE.	AMEND ARTI	CLE V TO RE	EAD AS FOLI	OWS:						
ARTICLE V MANAGEMENT										
The Limit manager-r Company	nanaged compa	mpany is to be my. The name	managed by o e and address	ne manager or m of the initial m	ore managers as ember for this	nd is, th Limited	erefor Liab	e, a ility		
NAME:			AI	DDRESS:		e. Je <del>de</del>	05			
Jane K. So	olomon			114 N.W. 71 Stromarac, Florida 3		- 4-7-	NºR -6	15 to 10 miles 		
Dated	April		<u>2005</u> .				PH 2:			
		ane /	mber or authorized	Dom on representative of a n	nember		: 37			
	Jane	. K.	Solo ped or printed nam	mon						

Filing Fee: \$25.00