L07000083152

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EXAMINER

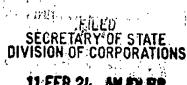
COVER LETTER

TO: Registration Se Division of Cor		·				
SUBJECT:	Peace Of Mi	Peace Of Mind Homesitting, LLC				
SUBJECT.		ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please return all correspo	ondence concerning this matter	r to the following:				
		Diane Presser Name of Person				
		Name of Person				
·	Peac	Peace of Mind Pet Sitting, LLC Firm/Company				
	P. O. Box 46594					
		Address				
	St. Pete Beach, FL 33741					
	City/State and Zip Code					
	gulf E-mail address: (coastdaze@yahoo.com to be used for future annual report	notification)			
For further information c	oncerning this matter, please of	call:				
	ane Presser	at (727)	954-3376			
Name of Person		Area Code & D	aytime Telephone Number			
Enclosed is a check for the	ne following amount:		•			
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section		Registration S	DURIER ADDRESS:			
Division of Corporations		Division of Corporations				

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



Zip Code

Peace Of Mind Homesitting, 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 ____ August 13, 2007 and assigned L07000083152 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Peace of Mind Pet Sitting, LLC The new name must be distinguishable and end with 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

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
	··········		Add Remove
			
<u></u>			□ Domovo
··········			
<u>.</u>			□ Damosia
D. If amen	ding any other information, e	enter change(s) here: (Attach additional sheets	SECRETARY OF STATE OIVISION OF CORPORATION OF CORPO
Dated	February 22	<u>, 2011</u> .	SWS
	Signature	of a member or authorized representative of a mem	oer .
	Signature	Diane Presser	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00