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NETALATION OF STATE VISION OF CORPORATIONS TALL AMASSEE, FLORIDA

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TO: Registration Se Division of Con			· • • • • • • • • • • • • • • • • • • •
SUBJECT:	Annie Oakl	ey Pet Sitting,LLC	
bonder.		ted Liability Company	``
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Ann Walker	
		Name of Person	
	- 10 . II	Firm/Company	
	;	374 (Old Buzbee Rd	
		Address	
		Monticello, FI 32344	
		City/State and Zip Code	
	E-mail address: (1	nieoakleyw@gmail.com to be used for future annual report notifica	ation)
For further information of	concerning this matter, please of	all:	
	Ann Walker of Person	at (850) 2 Area Code & Daytime	51-4171
Name c	ii reison	Area Code & Daytime	retephone Number
Enclosed is a check for the	he 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

FILED

OH	· ·	. 14	
Annie Oakler	Pet-Sitting	10 APR 15	AM 8: 08
(Name of the Limited Liability Compan (A Florida Limited Li		odin tekohdi ASSE.	E. FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number 407000 90600	9 <	. 47	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{\sqrt{17^2}}{\sqrt{2}}$	- 0 7 ₁	and assigned
Florida document number <u>4070000 9060</u> 0	ï .	` ~ .	•
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Annie Okley Pet Sitting a	nd Home Care, LL	С	
The new name must be distinguishable and end with the words "Limit 'L.L.C."	ed Liability Company," t	he designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	·····
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Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		,
B. If amending the registered agent and/or registered offi	ice address on our r	ecords, enter the	e name of the new
registered agent and/or the new registered office address here		- \	
Name of New Registered Agent:			
New Registered Office Address:	·		
	Enter Fl	orida street addre.	SS
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agre	e to act in this canaci	tv. I further acro.	e to comply with
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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.

If Changing Registered Agent, Signature of New Registered Agent



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

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Filing Fee: \$25.00