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COVER LETTER

TO: Registration Sec Division of Corp			·
SUBJECT: PETAW	ARE LLC		F
SUBSECT.	(Name of Limi	ted Liability Company)	_
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ELIANA ELLERN		
		(Name of Person)	
	PETAWARE LLC		
		(Firm/Company)	
	169 NE 44TH STREET		
		(Address)	
	MIAMI, FL 33137		
		(City/State and Zip Code)	
For further information c	oncerning this matter, please c	all:	
ODIJAS CAMINHA		at (561) 544-8092	
(Name o	of Person)	(Area Code & Daytime T	elephone 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 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 ARTICLES OF ORGANIZATION OF

FUED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our recor	ds.)			
(A Florida Limited L	lability Company)	····			
The Articles of Organization for this Limited Liability Company Florida document number <u>LOS ODOO 38871</u> .	were filed on <u>04/17/2008</u>	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the design	ation "LLC" or the abbreviation			
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 of registered agent and/or the new registered office address here		enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	(Enter Florida st	reet address)			
	, Flor				
Navy Docistavad Agantic Cignature if shanging Designary A annual	(City)	(Zip 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 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:

MGR = Manager MGRM = Managing Member

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ELLERN, ELIANA	169 NE 44TH STREET MIAMIL FL33431	Add Remove
MGR	ELLERN, JOSHUA A.	169 NE 44TH STREET MIAMI, FL 33431	Add Remove
MGR	ELLERN, ELIANA	169 NE 44TH STREET MIAMI, FL 33137	
MGRM_	ELLERN, ILAN	169 NE 44TH STREET MIAMI, FL 33137	Add Remove
			Add Remove
	······································		Add Remove
D. If amen	iding any other information, enter	change(s) here: (Attach additional sheets, if necess	
_			08 HAY 23 SECRITARIAS
<u>-</u>			A Print
Dated	May /24/08.		TE 3
	Signature of a h	nember or authorized representative of a member	
		ELLERN, ELIANA Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00