L08000046134

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COVER LETTER

	ision of Cor		•	•		
SUBJECT:	COASTAL PET SERVICES, LLC .					
SOBJECT,		Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		TERRI M RODISH				
			Name of Person			
		COASTAL PET SERVICE	ES, LLC			
			Firm/Company			
		1229 LOCKSLEY LANE				
			Address	· · · · · · · · · · · · · · · · · · ·		
		PONTE VEDRA / FL 320	081			
		-	City/State and Zip Code			
		TERRI@COASTALPETSI		 		
For further ir	nformation co	te-mail address: (oncerning this matter, please c	to be used for future annual report notif	ication)		
TERRI M R	ODISH		904 631 - 7078 at ()			
Name of Person		Area Code Daytime	c Telephone Number			
Enclosed is a	check for th	e following amount:				
□ \$25.00 F	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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL PET SERVICES, LLC			
(<u>Name of the Limited Linbi</u> (A Floric	lity Company as it now appears on o da Limited Liability Company)	ur record <u>s.</u>)	
The Articles of Organization for this Limited Liability	Company were filed on MAY 71	H, 2008	_ and assigned
Florida document number 1.08000046134	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designa	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	**************************************		
(Principal office address MUST BE A STREET ADD	RESS)		
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
D 16			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		s, enter the name o	f the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet address	
		, Florida	
	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WILLIAM R RODISH	1229 LOCKSLEY LANE	
		PONTE VEDRA, FL	= Remove
		32081	☐ Change
			□ Add
			□Remove
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	ita if other then	the date of fil	lings			optional)		
Effective de	ac, a omer man	must be specific	and cannot be pr	ior to date of filing	or more than 90 days	after filing.) Purs	uant to 605.0	0207 (3
lf an effective (date is listed, the date	is black daes no			filing requirement	s, this date will i	not be liste	d as th
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f an effective of Note: If the document's of the record spec	date is listed, the date date inserted in th	ne Department c			.m. on the earlier o	of: (b) The 90th	h day after	the
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Filing Fee: \$25.00

Typed or printed name of signee