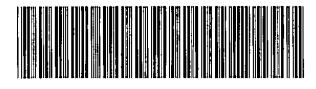
## L080000 98134

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## **COVER LETTER**

on Section f Corporations		
H PRINTS PET LODGE & DAY F	RESORT LLC	•
Name of Lin	nited Liability Company	·····
es of Amendment and fee(s) are sub	omitted for filing.	
rrespondence concerning this matter	to the following:	
CRAIG JOHNSON		
<del></del>	Name of Person	
AG ONE FINANCIAL IN	NC .	
	Firm/Company	<del></del>
302 3RD STREET SUITE	: <b>4</b>	
	Address	
NEPTUNE BEACH FL 3	2266	
	City/State and Zip Code	
		ation)
		,
· ·	904 429-4748 at ( )	
ame of Person	Area Code Daytime	elephone Number
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ee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
ddress:	Street Address:	
ion Section	Registration Section	
	SH PRINTS PET LODGE & DAY F  Name of Lin  les of Amendment and fee(s) are subtrespondence concerning this matter  CRAIG JOHNSON  AG ONE FINANCIAL IN  302 3RD STREET SUITE  NEPTUNE BEACH FL 3  TAXES@AG1FINANCIA  E-mail address:  tion concerning this matter, please of sume of Person  for the following amount:  "ee  \$30.00 Filing Fee & Certificate of Status  ddress:	Address  NEPTUNE BEACH FL 32266  Cuty/State and Zip Code  TAXES@AGIFINANCIAL.COM  E-mail address: (to be used for future annual report notification concerning this matter, please call:  Same of Person  Area Code  Daytime To the following amount:  Ce S30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Address:  Registration Section  Street Address:  Registration Section  Rame of Limited Liability Company  And Resort Lice  Name of Person  Name of Person  Name of Person  Name of Person  Address  NEPTUNE BEACH FL 32266  Cuty/State and Zip Code  TAXES@AGIFINANCIAL.COM  E-mail address: (to be used for future annual report notification concerning this matter, please call:  Same of Person  Area Code  Daytime To Sign Section  Street Address:  Registration Section

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

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

(Name of the Limited Lia) (A Flor	hility Company as rida Limited Liabili	it now appears of y Company)	on our records.)		
The Articles of Organization for this Limited Liability Florida document number L08000098134		filed on	7/2008	and ass	igned
This amendment is submitted to amend the following:	:				
A. If amending name, enter the new name of the li	imited liability o	company here	<b>:</b>		
The new name must be distinguishable and contain the words "!	Limited Liability Co	mpany," the des	ignation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			·		
(Principal office address MUST BE A STREET AD	DRESS)				
	_				<del></del> -
P. A					
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 agent and/or the new registered office address here  Name of New Registered Agent:		ss on our rec	ords, <u>enter the na</u>	ime of the nev	y register
New Registered Office Address:					•
		Enter Florid	a street address		
			, Florida		:
New Registered Agent's Signature, if changing Registe		Ĩiņ·		Zıp Code	12
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete perfo l agent as provid ered office addr	ormance of m ded for in Ch	y duties, and I ar apter 605, F.S. C	n familiar wit )r, if this docu	h and iment is
	If Changing I	Registered Agen	t, Signature of New	Registered Agen	<u></u>

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WILLIAM CANTOR	3327 PEACH DR	<b>=</b> Add
		JACKSONVILLE FL 32246	□Remove
			□ Change
MGR	STEVEN J CANTOR	3327 PEACH DR	
		JACKSONVILLE FL 32246	
<del></del>			
			□Remove
			Change
			□Add
			□Remove
<del></del>	<del></del>		
			□Remove
		<del></del>	
			□Add
			□Remove
			Change

	<del></del>
. E.G	Sing data if adamata and the control of the control
(Ifanet <u>Note:</u>	tive date, if other than the date of filing:  [Coptional]  Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3).  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
cord is f	
ecord is f	JUNE 18 2029
cord is f	JUNE 18 2020 .

Filing Fee: \$25.00

Typed or printed name of signee