

1091000009246

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000207224 3)))



H110002072243ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : BARBOSA LAW OFFICE  
Account Number : I20110000049  
Phone : (305) 421-6339  
Fax Number : (305) 359-9543

2011 AUG 19 AM 9:12  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jbarbosa@barbosalegal.com

RECEIVED  
11 AUG 19 AM 6:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LEGACY PET, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

J. GAULSBERRY  
EXAMINER  
AUG 22 2011

H11000207224 3

H11000207224 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEGACY PET, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julio C. Barbosa, Esq.  
Name of Person

Barbosa Law Office  
Firm/Company

2000 Ponce de Leon Blvd, Suite 625  
Address

Coral Gables, FL 33134  
City/State and Zip Code

jbarbosa@barbosalegal.com  
E-mail address: (to be used for future annual report notification)

FILED  
 2011 AUG 19 AM 9:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Julio C. Barbosa, Esq. at ( 305 ) 421-6339  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

H11000207224 3

H11000207224 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LEGACY PET, 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 April 27, 2011 and assigned  
Florida document number L09000009246

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 "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)

Worldwide Corporate Administrator

2330 Ponce de Leon Blvd

Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Worldwide Corporate Administrator

2330 Ponce de Leon Blvd

Coral Gables, FL 33134

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:

Worldwide Corporate Administrator

New Registered Office Address:

2330 Ponce de Leon Blvd

Enter Florida street address

Coral Gables

Florida

33134

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.

Janice Capron  
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

H11000207224 3

2011 AUG 19 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H110002072243

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

| Title | Name                  | Address   | Type of Action   |
|-------|-----------------------|---|--|
| MGRM  | DE M ORLANDI, NILDE R | R ISAI LEINER, 73-J J BRASIL<br>JUNDAL, SP 13201 BR | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM  | MAIA, ALEXANDRE G     | AV. GUILHERME SCHUELLER, 180<br>JUNDAL, SP 13211 BR | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | CLEVES ASSETS LIMITED | 2330 PONCE DE LEON BLVD<br>CORAL GABLES, FL 33134   | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                       |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                       |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                       |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 18, 2011

*Monica P. Williams*

Signature of a member or authorized representative of a member

MONICA WILLIAMS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 AUG 19 AM 9:12

FILED

H110002072243