

Division of Corporations

FROM: KAIN/VA (MON) JUN 21 2010 12:59:57 PM: 55: 7538000782 P 1

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L09000104302

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.

(((H10000145204 3)))



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To:

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

From:

Account Name : KAIN & VALINSKY, P.A..
Account Number : I20050000026
Phone : (954) 768-0678
Fax Number : (954) 768-0158

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PETLOVE INSURANCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

10 JUN 22 AM 6:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2010 JUN 22 AM 9:22
TALLAHASSEE, FLORIDA

A. LUNT

JUN 23 2010

EXAMINER

W1-25889

H100001452043

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PetLove Insurance, 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 October 28, 2009 and assigned
Florida document number L09000104302

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Omni Guard, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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TALLAHASSEE, FLORIDA
STATE
CLERK

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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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>	<u>Type of Action</u>
MGRM	Clnergy Health, Inc.	10251 West Oakland Park Boulevard Sunrise, Florida 33351	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Daniel Touizer	10251 West Oakland Park Boulevard Sunrise, Florida 33351	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

Signature of a member or authorized representative of a member

Jay Valinsky

Typed or printed name of signer

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