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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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EXAMINER



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COVER LETTER

TO: Registration So Division of Co	ection rporations		•
Feathers	s & Fur Pet Supplies		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Patricia Klaase		
		Name of Person	
	Feathers and Fur Pe	et Supplies	
		Firm/Company	
	7643 Las Palmas W	ay	
		Address	
	Jacksonville, FL 322	56	
	 	City/State and Zip Code	- <u> </u>
	patsexoticbirds@aol.		
		o be used for future annual report notificati	ion)
For further information c	oncerning this matter, please c	all:	
Patricia Klaasae		904 714-5801	
Name o	f Person	at ()Area Code & Daytime To	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 TO ARTICLES OF ORGANIZATION OF

Classification of the Compiles, LL		
(A Florid	ity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L10000036681	Company were filed on April 5, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Bark Street Boutique, LLC		
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		元 7
		27 S 71
Enter new mailing address, if applicable:		S &
(Mailing address MAY BE A POST OFFICE BOX)		mo > m
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
	<u></u>	Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Footboro 9 Eur Bot Cupplies LLC

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			[]
			Remove
		-	
			Add
			Remove
			Add
			Remove
			Kemove
			_
			Add
			Remove
			_
			Add
			Remove
_			Add
			Remove

If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
November 26	2012
Patricia S.	Klaasl
	ure of a member or authorized representative of a member
Patricia L. Klaase	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00