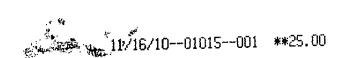
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Office Use Only



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NOV 1 7 2010

COVER LETTER

TO: Registration Section V Division of Corporations
SUBJECT: Brothers Pet Care 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:
Pierre Earling Name of Person
Brothers Pet Care LLC
917 North Federal Highway
Fort Lauderdale FL 33304
Pierre a prothers petcare. Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pierre Earling at (954, 828 922 9 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S60.00 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

PRE PROSE

Zip Code

ARTICLES OF ORGANIZATION		THE ES
OF		10 NOV 16 PM 4: 16
Brothers Pet (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reconcide liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1000093858</u> .	were filed on O8/10/2	ROIO and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Ear Ling Broth The new name must be distinguishable and end with the words "Limited liab The new name must be distinguishable and end with the words "Limited liab The new name must be distinguishable and end with the words "Limited liab The new name must be distinguishable and end with the words "Limited liab The new name of the limited liab The new name of the limited liab The new name must be distinguishable and end with the words "Limited liab The new name must be distinguishable and end with the words "Limited liab The new name must be distinguishable and end with the words "Limited liab The new name must be distinguishable and end with the words "Limited liab The new name must be distinguishable and end with the words "Limited liab The new name must be distinguishable and end with the words "Limited liab The new name must be distinguishable and end with the words "Limited liab The new name must be distinguishable and end with the words "Limited liab liab liab liab liab liab liab liab	11 C	nation "LLC" or the abbreviation
"L.L.C."	0 · A /	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Fort Lauder	tederal High
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	917 North Fort Lauder	federal highward
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address

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.

City

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

MGRM = Managing Member Title **Address Type of Action** Name ☐ Add Remove ☐ Remove _ Add Remove ☐ Add Remove ∏Add Remove ∏Add 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 lierre Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00