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(Re	questor's Name)	
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COVER LETTER

SUBJECT: All American Pet Resorts of Fort Myers 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:
Kathleen Kresge Name of Person
All American Pet Resorts of Fort Myers Firm/Company
3601 Whippoor will Blud.
Purta Gorda, FL 33950 City/State and Zip Code
dogsr_1 & comcast. net Whall address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kathy Kresge at 941 661-1175 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

All American Pet Resorts of Fort Myers 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 _	10/31/2011	and assigned	l
Florida document number L 11000124 240	·	7		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company h	iere:		
TOK Pet Resort LL	\mathcal{C}			
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
			-,5	
				• • •
Enter new mailing address, if applicable:			·\)	ر وروز در محس
(Mailing address MAY BE A POST OFFICE BOX)			-3	
			<u></u>	ص رد چکارچی <u>۔</u>
			م د	:5:
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records. <u>enter</u>	the name of th	e nev
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Fle	orida street address		
		. Florida		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of agent as provided for in red office address, I here	f my duties, and I am f Chapter 605, F.S. Or,	familiar with and if this document	1

If Changing Registered Agent, Signature of New Registered Agent

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

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Add
			□ Remove
			Change
		☐ Remove	
		Change	
			□ Remove
		Change	
		Remove	
		Change	
		Remove	
		□ Change	

ffective date, if other than the date of filing: Tanuary 1, 2019 (optional) an effective 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 force: If the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be occument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	<u> </u>
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The 90th day after the record is filed.	arlier of
Dated December 17 . 2018	
Signature of a member or authorized regresentative of a member	_

Page 3 of 3

Filing Fee: \$25.00