## LII 000 139538

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration So<br>Division of Cor       |  | •   | •  |  |  |
|--|--|---|--|--|--|
| PETS PLA                                     | CE GROOMING AND PET S                        | HOP LLC   |  |  |  |
| SUBJECT:                                     | Name of Lim                                  | ited Liability Company  |  |  |  |
| The enclosed Articles of                     | Amendment and fee(s) are sub                 | mitted for filing.  |  |  |  |
| Please return all correspo                   | ondence concerning this matter               | to the following:   |  |  |  |
|  | RICARDO PENA                                 |   |  |  |  |
|  |  | Name of Person  | · · · · · · · · · · · · · · · · · · ·  |  |  |
|  | PETS PLACE GROOMIN                           | G AND PET SHOP LLC  |  |  |  |
|  |  | Firm/Company  |  |  |  |
|  | 3136 WILDER AVE                              |   |  |  |  |
|  |  | Address   |  |  |  |
|  | SARASOTA, FL 34232                           |   |  |  |  |
|  |  | City/State and Zip Code   |  |  |  |
|  | RICARDO@THEPAWSTO                            |   |  |  |  |
|  |  | to be used for future annual report noti                            | fication)  |  |  |
| For further information c                    | oncerning this matter, please c              | all:  |  |  |  |
| RICARDO PENA                                 |  | 772 418-3725<br>at ()   |  |  |  |
| Name o                                       | f Person                                     | Area Code Daytim  | e Telephone Number   |  |  |
| Enclosed is a check for the                  | he 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 9 Division of C | Section                                      | Street Address:<br>Registration Sec<br>Division of Cor              |  |  |  |
| P.O. Box 632                                 |  | The Centre of T   |  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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|  |  | ** 1.1   | 1.47                             |
|--|--|--|----------------------------------|
| PETS PLACE GROOMING AND I  | PET SHOP LLC                             |  | , then                           |
| (Name of the Limit   | ed Liability Compa<br>(A Florida Limited | iny as it now appears on our records.)<br>Liability Company) |                                  |
|  |  |  |                                  |
| he Articles of Organization for this Limited Li  |  | were filed on 12/12/2011                                     | and assigned                     |
| orida document number L11000139538   | ·  |  |                                  |
| nis amendment is submitted to amend the follo  | owing:                                   |  |                                  |
| . If amending name, enter the new name of  | Felsa linsitad liab                      | ility aamnung haras  |                                  |
| . 11 amending name, enter the new name of  | the numer nan                            | and company nere.  |                                  |
| re new name must be distinguishable and contain the w  | ords "Limited Liabi                      | lity Company," the designation "LLC" o                       | r the abbreviation "L.L.C."      |
| nter new principal offices address, if applic  | able                                     | 7628 LOCKWOOD RIDGE ROAD                                     |                                  |
| nter new principal offices address, it applicable:  Principal office address MUST BE A STREET ADDRESS) |  | SARASOTA, FL 34243   |                                  |
| The opice dudiess 51031 BL 7131 KLL  | <u>I ADDRESS</u>                         |  |                                  |
|  |  |  | 1                                |
| nter new mailing address, if applicable:   |  | 7628 LOCKWOOD RIDGE ROA                                      | vD                               |
| Mailing address MAY BE A POST OFFICE BOX)  |  | SARASOTA, FLO 34243  |                                  |
|  |  |  |                                  |
|  |  |  |                                  |
| . If amending the registered agent and/or r  |  | address on our records, <u>enter th</u>                      | e name of the new <u>registo</u> |
| ent and/or the new registered office addres  | <u>s here</u> :                          |  |                                  |
| N. C. D. C. L.   |  |  |                                  |
| Name of New Registered Agent:  | -  |  |                                  |
| New Registered Office Address:   | 7628 LOCKW0                              | OOD RIDGE ROAD   |                                  |
|  |  | Enter Florida street address                                 |                                  |
|  | SARASOTA                                 | , Flori  | da <sup>34243</sup>              |
|  |  | City   | Zin 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 605, 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 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 CLUSE -2 P. 1:12 | Type of Action |
|--------------|----------------|--------------------------|----------------|
| MGR          | URSULA BUSTIOS | 3136 WILDER AVE          | <b>=</b> Add   |
|              |                | SARASOTA, FL 34232       | □Remove        |
|              |                |                          | □Change        |
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| fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be pote:  If the date inserted in this block does not meet the appearment's effective date on the Department of State's reco | prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 plicable statutory filing requirements, this date will not be listed as the |
| ecord specifies a delayed effective date, but not an effectivis filed.   | ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| SEPTEMBER 2ND 2020   |   |
|  |   |
|  | nuthorized representative of a member   |

Filing Fee: \$25.00

Typed or printed name of signee