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08/01/12--01030--022 **25.00

TO: Registration Section Division of Corporations				
SUBJECT: Pet BBS Group LLC				
SUBJECT: <u>Pet BBS Good</u> 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:				
Acma Mushi Name of Person				
Name of Person				
Yet BBS Group LLC Firm Company				
2283 Pain 2008 lone, # 2105				
Cleary de Fl, 33763 City/State and Zip Code				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Alma Mushi at (£27) 400-15 21 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$				
MAILING ADDRESS: Registration Section 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

FILED

12 AUG - 1 PM 2: 33

YetBBS 6	aoul LLC	SCURÈTARY DE STATE
(A F	lorida Limited Liability Compar	Dears on our returns ASSEE. FLORIDA
The Articles of Organization for this Limited Liab	oility Company were filed on _	Deambe 14 2011 and assigned
Florida document number <u>L 11 00014 0</u>	566.	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company	<u>here</u> :
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered offi		on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida
	City	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 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 **Title** Name **Address** Type of Action MGRM MGRM ☐ Remove Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00