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2021 MAR -1 PH 10: 52
SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	I'S PET SITTING, 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:	
	KLER H DO-MILLER		
		Name of Person	
	HISTORIC FINANCIAL	SERVICES INC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	431 N SUMMERLIN AVE	<u>.</u>	
		Address	
	ORLANDO, FL 32803		
	<del> </del>	City/State and Zip Code	
	KLER@HISTORICFINAN		
	E-mail address: (	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
KLER H DO-MILLER		321 9453797 at ()	
Name o	f Person	Area Code Daytimo	e Telephone 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		Street Address:	ction
Registration S Division of C		Registration Sec Division of Con	
P.O. Box 632	-	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CHRISTINI'S PET SITTING, LLC

2021 MAP 2007 bs.) PM 10: 52 (Name of the Limited Liability Company as it now appears on our Ye
(A Florida Limited Liability Company)
SECRETY

Florida document number L12000049549	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	mited liability company here:
LOVING CARE BY CHRISTINE, LLC	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	red office address on our records, <u>enter the name of the new registered</u> :
	· · · · · · · · · · · · · · · · · · ·
agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	:

## 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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			\ Add
			Remove
			Change
			□ Remove
			Change
			□Add
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			☐ Change
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			□ Remove
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Effective date, if other than the date of filing:  2/18/2021  (optional)  If 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 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as idocument's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12-01 a.m. on the earlier of: (b) The 90th day after the rd is filed.  Dated  FEBRUARY 18  2021  CHRISTINE SPALDING		N
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