L12000058325

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	ne)
(D)	ocument Number)	
(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

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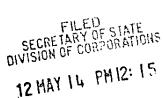
DIVISION OF CORFORATIONS

MAY 1 5 2012 T. HAMPTON

COVER LETTER

10:	Division of Co				
SUBJE	CT:	My Pet	Info 911, LLC		
SC 13.0 L			ted Liability Company		
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		Gina Jersey Name of Person			
		My Pet Info 911, LLC			
		Firm/Company			
		138 Palm Coast Parkway, NE #310 Address			
		Palm Coast, FL 32137			
			City/State and Zip Code		
		E-mail address: (singhousing@yahoo.con to be used for future annual report n	1 otification)	
For furt	her information o	concerning this matter, please of	all:		
···· "································		Gina Jersey of Person	at (386) Area Code & Day	445-2727 rtime Telephone Number	
Enclose	ed is a check for t	he following amount:			
₹ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Seed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle	

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



		,• –			
	My Pet Info 911, LLC				
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)	· · · · · · · · · · · · · · · · · · ·		
(A Florida Limited Liability Company)				
The Articles of Organization for this Limited I	ishility Company wars filed on	4/30/2012	and assigned		
•	· · ·	4/00/2012	and assigned		
Florida document numberL1200005					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :	,		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	ny," the designation "l	LC" or the abbreviation		
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u> </u>				
B. If amending the registered agent and		our records, <u>enter</u>	the name of the nev		
registered agent and/or the new registered (office address here:				
,·					
Name of New Registered Agent:	Eileen OReilly				
New Registered Office Address:	New Registered Office Address: 138 Palm Coast Parkway, NE #310				
	Enter Florida street address				
	Palm Coast	, Florida	32137		
	City	, 2	Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:	1			
<u>, in it samplicant per torrater i vitrosperies pe la pisosperier</u>					

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 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 = M MGRM =	anager Managing Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPURATION 12 HAY I L PH 12: 15
Dated	5 9 20 /Signature of a member	12. of authorized representative of a member	
	OY1	a Skrfky or printed name of signee	,
	,	Page 2 of 2	

Filing Fee: \$25.00