13000086267

(Ro	equestor's Name)	
	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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	ocument Number)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section Division of Corporations

VILLAGE SUBJECT:	PET SPA, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	MARCIA GOSLINE		
		Name of Person	
		Firm/Company	in the second se
	1035 BERG COURT		:: 1된 구구
		Address	· ·
	THE VILLAGES, FL 3210	52	· .
		City/State and Zip Code	7.
	MLGOSLINE@AOL.COM		
		to be used for future annual report notifica	ation)
For further information c	oncerning this matter, please c	all:	
MARCIA GOSLINE		703 380-7079 at ()	<u>.</u>
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for th	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 Addres Registration S	Section	Street Address: Registration Secti Division of Corpo	
Division of C P.O. Box 632		The Centre of Tal	
Tallahassee, l		2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VILLAGE PET SPA, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company florida document number L13000086267	were filed on JUNE 14, 2013	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
MATA'S PET PROJECT, LLC		l ma pomen
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	/	
		 က
nter new mailing address, if applicable:		· · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			[]Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□ Add
			Remove
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			□ Remove

TIN# ASSOCIA	kd with	. Village	Pet Spa, U	-C
to be transfe	rved to	Mata's 1	et Project	LUC
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fective date, if other than the date of fine effective date is listed, the date must be specific ote: If the date inserted in this block does neument's effective date on the Department	and cannot be prior of meet the applic	able statutory filin	(option ore than 90 days after g requirements, this	iling.) Pursuant to 605.0207
ecord specifies a delayed effective date, but is filed.	not an effective ti	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ted Jure 16 2 (22/	- ·		
X VI Well	LUD YOU			
Signature of	of a member of muth	orized representative	of a member	