L14000078838

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Secu Division of Corp			• .
SUBJECT: PET A	AND PET, LLC	D .	
SUBJECT:		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	\	MANDITE	
	VEITNERE,		
		Name of Person	
	PET AND PI	ET, LLC.	·
		Firm/Company	
	715 NE 191	TERRACE,	
		Address	
	MIAMI FL 33	3179	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	maxpromotion6@	gmail.com to be used for future annual report notific	cation)
Tou fouther information on	•	·	sation)
	ncerning this matter, please ca		
VEITNERE,	MARITE	_{at (} 754 ₎ 423-23	313
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 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

PET AND PET, LLC.						
(Name of the Limite	ed Liability Compa (A Florida Limited I	ny as it now appears on our rec Liability Company)	ords.			
The Articles of Organization for this Limited Li Florida document number L14000078838	ability Company	were filed on 05/08/201	4	an	d assig	ned
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation	"LLC" or t	he abbrevia	tion "L,L	C ."
Enter new principal offices address, if applicable:		715 NE 191 TERRACE				
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MIAMI FL 33179				
		715 NE 191 TERRACE MIAMI FL 33179				
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	ords, <u>ent</u>	er the n	ame of	the
	715 NE 19	1 TERRACE		; s 	5	•
New Registered Office Address:		Enter Florida street ad	ldress			•
	MIAMI		, Florida	33179	<u>.</u> .	
		City	,	Zip	Code	
New Registered Agent's Signature, if changing I	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.

f Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name Address **Type of Action** _□ Add _□ Remove _□ Add _□ Remove ____ Remove □ Add □ Remove □ Remove _□ Add □ Remove

D. If an	nending any other information, enter change(s) here: (Atlach additional sheets, if necessary.)
	New address for (AMBR) VEITNERE, MARITE is
,	715 NE 191 TERRACE MIAMI FL 33179
	2. New address for (AMBR) SANZYAPOV, OLEG is
	715 NE 191 TERRACE MIAMI FL 33179
(The e	ctive date, if other than the date of filing: cffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) and Grand Gra
	Signature of a plember or authorized representative of a member
	VEITNERE, MARITE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Table of the Carlo