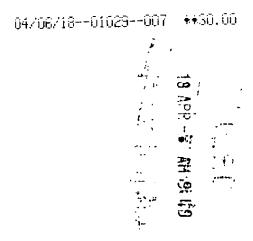
14000085687

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wayging Tails & Patring Paws Dog Walking and Pet Sitting L. 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:
Kathleen Godfrey
Wanging Tails & Patering Pars: Dog Walking undlet Sitting LL
1621 Hammock Civile West
Jacksonville, Fl. 32225 City/State and Zip Code,
E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 236-3780 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\ \footnote{\sqrt{S30.00}} \text{Filing Fee & Certificate of Status} \text{□ \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{□ \$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

Wayying all the Limited Liability Compan (A Florida Limited Li	vas it now appears of our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L14000085687</u> .	E 12012VII
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile Omfrehensive Canine The new name must be distinguishable and contain the words "Limited Liability".	ty Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	(same as before, on coverletter)
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(sque as before; on cover letter)
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Florida Street address
/	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

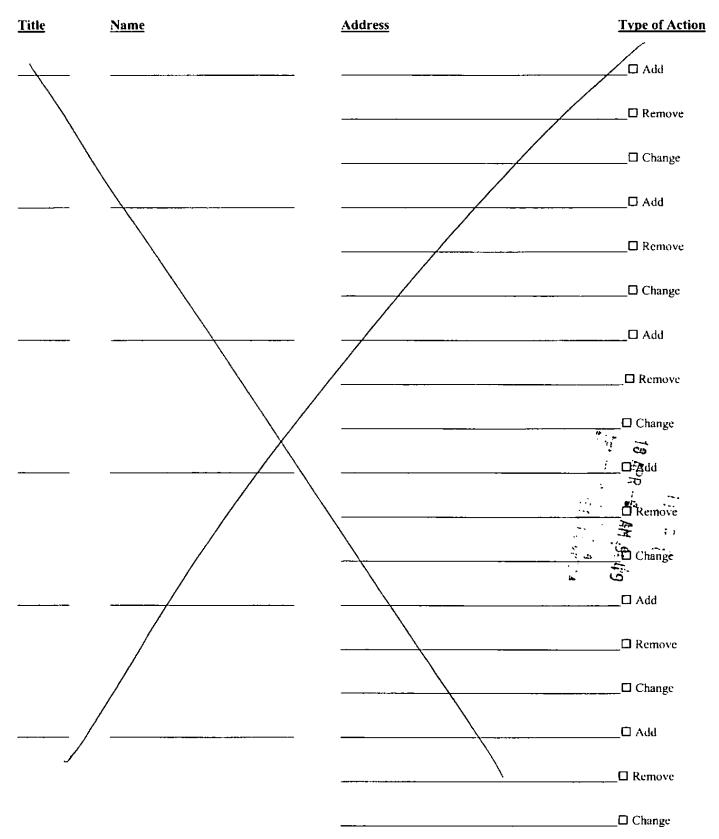
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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



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Effective date, if othe	er than the date of filing:	Haril 30,	2018 (option	al) 🛴 🖫	,***
47.0 CC 21 1 2 1 1 2 1 1	ted in this block does not me	et the applicable statutory fi	r more than 90 days after fit ling requirements, this d	ing.) Pursuant t e:5 005 ate will not be 'fi ste	ed as the
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Page 3 of 3

Filing Fee: \$25.00