Division of Corporations Electronic Filing Cover Sheet

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(((H14000253562 3)))



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To:

Division of Corporations

Fax Number : (850)617-6363

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please, \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAW LIFE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Corporate Filing Menu

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K. SALY EXAMINER OCT 31 2014

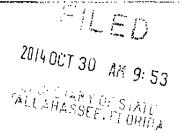
## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJE	PAW LIF	E, LLC			
		Name of Limited Liability Company			
The enci	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Cheyenne Moseley			
	Name of Person				
Legalzoom.com, Inc.					
Firm/Company					
	100 W. Broadway Suite 100				
			Address		
		Glendale, CA 91210			
		spleon91@hotmail.com	City/State and Zip Code		
			to be used for future annual report notifi	cation)	
For furtl	ocr information o	concerning this matter, please co	all:		
Imelda Vasquez 323		at ( )			
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	l is a check for t	he following amount:			
<b>□ \$2</b> 5.	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



PAW LIFE, LLC

(Name of the Limited Liability Company as it now appears on our recerds.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document number L14000153762	Company were filed on 10/02/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	nited liability company here:	
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LL	C" 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: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		s, epter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	is
	. Florida	
	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

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

Title	Name	Address	Type of Action
<u>AMBR</u>	MICHAEL A MAURI	17100 N BAY RD., APT. 1317	
		SUNNY ISLES BEACH, FL 33160	Z Remove
AMBR	Alejandro Servalli	17100 N BAY RD., APT. 1317	E Add
		SUNNY ISLES BEACH, FL 33160	
			D Remove
			PACH OF STANDARD STAN
			Remove T
			☐ Remove
			□ Remove

To:	Page 6 of 6	10/30/2014 6.53.32 AM PDT	13239628300 From: Amanda Sando
	D. If amending any other	r information, enter change(s) here: (Attach additional sheet.	s, if necessary.)
	(The effective date must be a	r than the date of filing:  specific, cannot be prior to date of receipt or filed date and cannot be more than led by the Florida Department of State)	_ (optional) 90 days after
	Dated October	28th , 2014 .	
		Signature of a member or authorized representative of a member	<u></u>

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Sofia Alexandra Pita
Typed or printed name of signee

Filing Fee: \$25.00

ZOWOCT 30 AM 9: 53