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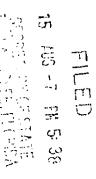
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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AUG 10 2015 S. YOUNG

TO: Registration So Division of Cor		**************************************	
SUBJECT: Tus	Kerz TRAPPing Name or Lim	LLC ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Christop	her Wirt Name of Person	
	A All ANimo	her Wirt Name of Person al Control of 7 Firm/Company	Tampa BAY
		N Rd Address	न नु ज
	TAMPA Da	FL 33625 City/State and Zip Code Callanimal Control to be used for future annual report notif	Com
For further information c	oncerning this matter, please co		ication)
Christopher Name o	f Person	at (813) 563 - 6	9453 Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	2 \$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

Juskerz 7 RAP	oing LL	<u>C</u>		
/uskerz 7 RAP (Name of the Limitel) [AF	iability-Company a lorida Limited Liabi	s it now appears on our lity Company)	records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L14000/8/24/</u>	ity Company wer	re filed on _ <i>///24/</i>	2014	and assigned
This amendment is submitted to amend the following	·			
A. If amending name, enter the new name of the				
A ALL ANimal Control of The new name must be distinguishable and contain the words	TAMPA BA	y, LLC		
The new name must be distinguishable and contain the words	"Limited Liability C	Company," the designation	"LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable				er b
(Principal office address MUST BE A STREET A	DDRESS)			ेंड या
				三 三 三
			;	
Enter new mailing address, if applicable:	*			
(Mailing address MAY BE A POST OFFICE BOX	<u>v</u> _			<u> </u>
		 		<u> </u>
				The state of the s
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our re	cords, <u>enter</u>	the name of the new
registered agent and/or the new registered office	addiess here.			
Name of New Registered Agent:	CEO	Christopher	Wirt	
New Registered Office Address:	1/0/6 SE.	Enter Florida street	address	
	7	AND THE PROPERTY OF THE PROPER	•	ファノット
_	inmpa	City	, Florida <u></u>	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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			☐ Change
			Add
			☐ Remove
			□ Add □ Remove
		.	Change
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			
			☐ Remove
			Change

	block does not meet the ap Department of State's reco	plicable statutory filir		
ctive date, if other than the effective date is listed, the date mu	ist be specific and cannot be j	prior to date of filing or n	nore than 90 days afte	
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Page 3 of 3

Filing Fee: \$25.00