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(Business Entity Name)					
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D. BRUCE HAY 19 2021

Division of Corporation	ons		
subject: <u>Nature's</u>	Pet Sou LLC	· -	
SUBJECT: TYATALE J	Name of Limite	ed Liability Company	 -
The enclosed Articles of Amend	ment and fee(s) are subm	titted for filing.	
Please return all correspondence	concerning this matter to	o the following:	
	Roslyn E.	King Name of Person	
	Nature's Pot	Spa LLC Firm/Company	
	No. 15. C. Z. LOS	Firm/Company	
	1913 N.E.	145 St. #102 Address	2021 HA
****	Ocala, FL	34470 City/State and Zip Code	2021 HAR 15 14 7: 23
- -		pou oet salon Damail. Co belised for future annual eport notifi	ication)
For further information concern	ing this matter, please ca	ilt:	(1)
Roslyn King	n	at (<u>352</u>) <u>438 -</u> Area Code Daytime	0233 Telephone Number
Enclosed is a check for the foll	owing 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 Corpor P.O. Box 6327 Tallahassee, FL 3.	rations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

Registration Section

Tallahassee, FL 32314

TO:

TO ARTICLES OF ORGANIZATION OF

Nature's Pet Spa LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{01/06/2015}{}$	and assigned
Florida document number <u>L1500000 2252</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The Prancing Pupa Pet Salon LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	be abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:	name of the new registered
Name of New Registered Agent:	C/I
New Registered Office Address: Enter Florida street address	7 23
. Florid	a
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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR_	Ashlen Howard	1727 NE 36 Ave Apt 11 Ocala, FL 344	70 🗹 Add
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late: If the date inserted in thi	the date of filing: must be specific and cannot be prior s block does not meet the applica e Department of State's records.	to date of filing or more than 90 days able statutory filing requirements.	optional) after filing.) Pursuant to 605.020 , this date will not be listed a
record specifies a delayed effe d is filed.	ective date, but not an effective ti	me, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Dated 02/12/2021	·	orized representative of a member	
Rc	stund King ignature of member or author	orized representative of a member	
		ed name of signee	