# L15000024463

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# CT CORP

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

08/24/2022

D	Acc#120160000072
	Acc#120160000072
Name:	GLOBAL PET ALLIANCE, LLC
Document #:	
Order #:	14508308
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:  Filing:	Country of Destination:  Number of Certs:  Certified:  Plain: COGS:
Document Examiner Updater	Amount: \$ 55.00
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Thank you!

#### **COVER LETTER**

TO:

	Registration Se Division of Cor			
SHR IRC		PET ALLIANCE, LLC		
SOBJEC	1	Name of Lin	nited Liability Company	
Bivision of Corporations  SUBJECT:  GLOBAL PET ALLIANCE, LLC  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:  KARI PETERSEN  Name of Person  VARNUM LLP  Finnt/Company  PO BOX 352  Address  GRAND RAPIDS, MI 49501-0352  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  KARI PETERSEN  Name of Person  Name of Person  Name of Person  S25.00 Filing Fee  Certificate of Status  Certified Copy (addritional copy is enclosed)  Mailing Address:  Street Address:				
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		KARI PETERSEN		
			Name of Person	
		VARNUM LLP		
			Firm/Company	
		PO BOX 352		
		Amenof Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  KARI PETERSEN  Name of Person  VARNUM LLP  Firm/Company  PO BOX 352  Address  GRAND RAPIDS. MI 49501-0352  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  a concerning this matter, please call:  at (1 a		
		GRAND RAPIDS, MI 49:	501-0352	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notit	lication)
For furthe	er information co	oncerning this matter, please c	all:	
KARLPE	ETERSEN			
	Name o	l'Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S			ction
[	Division of C	orporations		
	<sup>2</sup> .O. Box 632 Fallahassee, F			allahassee e Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 AUG 24 AM 11: 06

GLOBAL PET ALLIANCE, LLC		Security of the second
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record a Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability C	Company were filed on 2/9/2015	and assigned
Florida document number L15000024463	<del>_</del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
STARWOOD PET TRAVEL, LLC		
The new name must be distinguishable and contain the words "Lim	ited.Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	l office address on our records, enter	the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres.	<u>v</u>
	Pl.	<b></b>
<del></del>	FIG	orida 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 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

Title	<u>Name</u>	Address	Type of Action
			Remove
		7-17	Change
			□Remove
			□Change
			□Add
			□Remove
			□Add
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Note: If the	ate, if other than the date of date is listed, the date must be spec date inserted in this block doe effective date on the Departme	s not meet the applicable	te of filing or more than 90 statutory filing requires	(optional) ) days after filing.) Pursua ments, this date will no	nnt to 605.0207 of be listed as
e record spec rd is filed.	cifies a delayed effective date, b	out not an effective time, a	at 12:01 a.m. on the ear	lier of: (b) The 90th	day after the
Dated	August 22	2022			
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	Signatur	re of a member or authorized	I representative of a memb	per	