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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

ovites and over.	ADT PE	T SUPPLIES LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	JE	YSON J. ANGEL, MGR		
		Name of Person		
		ADT PET SUPPLIES LLC		
		Firm/Company		
Address				
	НОМІ	ESTEAD, FLORIDA 33033		
City/State and Zip Code				
		jei431@hotmail.com		
	E-mail address: (to be used for future annual report not	ification)	
For further information co	oncerning this matter, please ca	all:		
JEYSON ANGEL		305 720 1961		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Sc	ection	
Division of C		Division of Co		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADT PET S	SUPPLIES LLC	
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our re	ecords.)
The Articles of Organization for this Limited Liability Compa Florida document number L15000213383 This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li. Enter new principal offices address, if applicable:	ability Company," the designation	"LEC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10 H H H H H H H H H H H H H H H H H H H
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce <mark>address on our records, <u>e</u></mark>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	uldress
		_, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added premoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARTHA P. DIAZ TORRIJOS	1485 NE 33 RD, HOMEASTEAD FL 33033 # 103	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			☐Remove 20 ☐Change
			24 □ Add; □ Add; □ □ Remove
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ctive date, if other than the deflective date is listed, the date must be: If the date inserted in this block.	be specific and cannot be prior to dat	e of filing or more than 90 c	lays after filing.)	Pursuant to 605.
iment's effective date on the Dep		imig requirem	ina, and date	viii not oc tiste
			C (E) - TL .	004-1
ord specifies a delayed effective filed.	date, but not an effective time, a	1 (2.0) a.m. on the carn	er or. (b) The	9000 day anci
JANUARY 14	2020			
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