

2160000 10601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

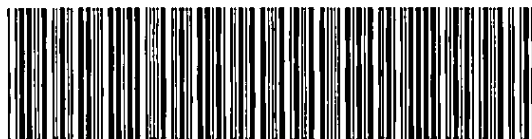
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200320169642

11/01/18--01003--013 \*\*25.00

2018 NOV 1 - ASH P162

NOV 1 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

2016 NOV -1 PM 4:54

PETDWEIL USA LLC  
SUBJECT: \_\_\_\_\_

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:

MARIA PARJUS,ESQ.

\_\_\_\_\_  
Name of Person

PARJUS LAW

\_\_\_\_\_  
Firm/Company

1535 N PARK DRIVE SUITE 104

\_\_\_\_\_  
Address

WESTON, FL 33326

\_\_\_\_\_  
City/State and Zip Code

LEGAL@PARJUSLAW.COM

\_\_\_\_\_  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PARJUS

954

593-5310

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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 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**

2016 NOV - 1 PM 4: 50

PETDWEILL USA 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 01/14/2016 and assigned  
Florida document number 116000010601.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 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 name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AMARO, JORGE	600 NE STREET #1621	<input type="checkbox"/> Add
		MIAMI FL. 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ASCENSIO, JUAN	600 NE STREET #1621	<input type="checkbox"/> Add
		MIAMI FL. 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ORTEGA, GERMAN	6950 SUNRISE DR.	<input type="checkbox"/> Add
		CORAL GABLES, FL. 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SARDONE, VITO	URB. GUAPARO CALLE 106 #78	<input type="checkbox"/> Add
		VALENCIA, VENEZUELA C1060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	URBINA, CARLOS	1ERA AVENIDA BIS, CASA STA. BARBARA	<input type="checkbox"/> Add
		ALTAMIRA, VENEZUELA, DF 2002	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR-CF	MADRINAN, CAMILO	1335 NW 98TH COURT UNFT 10	<input checked="" type="checkbox"/> Add
		DORAL, FL. 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10. If amending any other information, enter change(s) here:

11. Effective date, if other than the date of filing: \_\_\_\_\_

Note:

10/29/18

German Ortega

(Manager Number)

Authorized person