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COVER LETTER

FO: Registration Se Division of Cor			
Ybor Pedre			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Darryl S. Shaw		
		Name of Person	
		Firm/Company	<u></u>
	13014 N. Dale Mabry Hwy	v. #620	
		Address	,
	Tampa, Florida 33618	City/State and Zip Code	
	darryl.shaw@bluepearlvet.c	com	
		to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please c	all:	
Albert C. Kreischer, Jr.		at () 933-6647 Area Code Daytime	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

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

Ybor Pedroso, LLC		
(<u>Name of the Limited Liab</u> (A Flori	llity Company as It now appears on our records,) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 01/19/2016	and assigned
Florida document number L16000012271	··· '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		`%;
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the ne
eristered agent and/or the new registered times an	ores nerv	2. 3.
Name of New Registered Agent:		Ü:
New Registered Office Address:		
-	Enter Florida street address	· ·
	, Flori	ida
	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>	Name	Address	Type of Action
MGR	Darryl S. Shaw	13014 N. Dale Mabry Hwy. #620	= Add
		Tampa, FL 33618	☐ Remove
			Change
MGR	Ybor Holdings, LLC		☐ Add
		13014 N. Dale Mabry Hwy. #620	■ Remove
		Tampa, FI. 33618	□ Change
MGR	Jacob M. Buchman	<u> </u>	
		4603 Bayshore Blvd.	■ Remove
		Tampa, FL 33611	Change
MGR	Joseph Capitano, Sr.		
		1320 9th Ave.	= Remove
		Tampa, Fl. 33605	↓ ⇒ □ Change
	·-		, □ Add
		P.O. Box 5085, Tampa, FL 33675	cn ⊞-Remove
			□ Change
			☐ Add
			□ Remove
			Change

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	December 10, 2017	<i>(,</i>
ective date, if other than the discretive date is listed, the date must be: If the date inserted in this bloc ument's effective date on the Dep	ite of filing: c specific and cannot be prior to date of filing c does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605. filing requirements, this date will not be liste
record specifies a delayed on the fecore he goth day after the recore in	ffective date, but not an effective is filed.	ve time, at 12:01 a.m. on the earlie
December 1 cd	2017	
	gnature of a member or authorized represents	

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Filing Fee: \$25.00