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COVER LETTER

TO: Registration Se Division of Cor	ction porations	•	v
	REATURE COMFORTS PET	SERVICES, LLC	
SUBJECT:	Name of Lim	ited Liability Company	A = 400
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOYCE S. EBANKS		
		Firm/Company	
		Address	
	TAMPA, FL 33614		,
	INFO@LITTLECREATUS	City/State and Zip Code ECOMFORTS NET O FO	QUOTINGSTWALKS, COM
For further information co	oncerning this matter, please co		
JOYCE S. EBANKS		813 624-6296 at:()	·
Name of	Person	Areá Code Daytir	ne Telephone Number
Enclosed is a check for th	e 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)
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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

LITTLE CREATURE COMFORTS PET SERV	ICES, LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this:Limited Liability Com	pany were:filed on 01/25/2016	and assigned	
Florida document number L16000016756			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
NOT JUST WALKS PET SITTERS, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices:address, if applicable:		<u>.</u>	
		- 0 ;;	
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u> </u>	
		न हां-	
		မ ျ	
Enter new mailing address, if applicable:	iling address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Q	
	,	55.	
			
B. If amending the registered agent and/or registere	ed office address on our records, en	er the name of the ne	
registered agent and/or the new registered office address	s here:	er the name of the no	
Name of New Registered Agent:			
Nov Posistand Office Addison			
New Registered Office Address:	Enter Florida street address		
	•n	•	
	, Florida	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 Type of Action <u>Title</u> Name · **Address** _□ Add ☐ Remove _□ Change _□ Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change □ Add _□.Remove ☐ Change _□ Add _□ Ren**no**ve _□ Chánge _□ Adď

_□ Remove

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be brior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the 90th day after the record is filed.		
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