## 1160000 76263

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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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## **COVER LETTER**

Divi	ision of Corpo	orations		
SUBJECT:	Pet Paradise-	Parkland, LLC		
5000000		Name of Limite	ed Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return	all correspond	dence concerning this matter to	the following:	
		Joy L. LaWarre, Paralegal		
			Name of Person	<del>.</del>
		American Pet Resort, LLC		
			Firm/Company	<del></del> ·
		1551 Atlantic Blvd., Suite #	200	
			Address	
		Jacksonville, Florida 32207		
		jlawarre@petparadisecorp.co		<del></del>
		E-mail address: (to	be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please cal	II:	
Joy L. LaW	arre, Paralegal	·	904 900-7713 at ()	<del></del>
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00 1	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)

TO:

Registration Section

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

Pet Paradise-Parkland, 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 April 19, 2016 and assigned Florida document number \_\_\_\_L16000076263 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pet Paradise-San Antonio, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 \_

## 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.

City

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			☐ Change
			□ Add
			□ Remove
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(If an ef Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	September <u>2. 6.</u> 2019
	Williand Jal

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Typed or printed name of signee

Filing Fee: \$25.00