L16000076689

(Re	equestor's Name)	
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SECRETARY OF STATE
TALLAHASSEF FINAL

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COVER LETTER

	Registration Sec Division of Corp				
CHID IE/	Pets Four To	wenty			
SUBJECT:Name of Limited Liability Company					
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The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspor	ndence concerning this matter	to the following:		
		Frances Santi			
			Name of Person		
			Firm/Company		
		420 East Church Street, U			
			Address		
		Orlando, FL 32801			
			City/State and Zip Code		
	•	francessanti@gmail.com			
			to be used for future annual report notifi	cation)	
For furth	er information co	ncerning this matter, please co	ali:		
Frances	Santi		407 301-4615 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for the	following amount:			
\$25.0	00 Filing Fee	S30.00 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**

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bola Pets 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 registered agent and/or the new registered office address here: New Registered Office Address: Enter Florida street address Florida	Pets Four Twenty				
Florida document number L16000076689 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bola Pets 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: (Mailling 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Name of the Limited Lin (A Flo	ability Company as it now appears on orida Limited Liability Company)	our records.)		
Florida document number L16000076689 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bola Pets 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: (Mailling 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	The Articles of Organization for this Limited Liabilit	ty Company were filed on April 1	9, 2016	and assigned	į.
A. If amending name, enter the new name of the limited liability company here: E01a Pets 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 registered agent and/or the new registered office address here: New Registered Office Address: Enter Florida street address Florida Florida		·			
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New Registered Office Address: Enter Florida street address , Florida				D 200	
Enter Florida street address, Florida	Name of New Registered Agent:	<u> </u>			
Enter Florida street address, Florida	New Registered Office Address				
	176 W Prograter Office Mainess.	Enter Florida s	reet address		
			Florida		
Chy LQ Code	-	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	New Registered Agent's Signature, if changing Regist	ered 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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			D Add
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Filing Fee: \$25.00