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AUG 01 2019 S. YOUNG

### **UUVER LETTER**

TO:	<b>Registration Section</b>
	Division of Corporations

Pet Parent, 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:

Clifford J. Johnson

Name of Person

Break Point Law, LLC

Firm/Company

4100 N. Wickham Rd. STE 107A #251

Address

Melbourne, FL, 32935

City/State and Zip Code

cjohnson@breakpointlaw.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

# TO ARTICLES OF ORGANIZATION OF

Pet Parent, LEC

ł

(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  $\frac{10/4/2016}{2016}$  and assigned

Florida document number 1.16000184266

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 "LLC."

Enter new principal offices address, if applicable:				
<u>(Principal office address MUST BE A STREET ADDRE</u>	<u>ESS)</u>			
			19	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		*	ŝ	<u> </u>
			0) (1)	
B. If amending the registered agent and/or registe	ered office address on our records, <u>e</u>	nter_the_nan	<u>ne of t</u>	the new
registered agent and/or the new registered office addre	<u>ess here</u> :	-	10	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		la		
	City	Zip Co	de	

### 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

# or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Community Development Capital Group, LLC	2725 Center Place, Melbourne, FL 32940	Add
			Remove
			Change
MGR	Community Solutions Partner, LLC	2725 Center Place, Melbourne, FL 32940	🖬 Add
			Remove
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			🗆 Add
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July 1, 2019	 ······································
July 1, 2019	
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

July 22 ted	2019	
7	Signature of a member or authorized representative of a member	
Clifford Johnson		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00