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COVER LETTER

Division of Cor	porations		
SUBJECT:	Change LLC Name: Palm	Coast Pet Taxi and Pet Sitting	g, LLC
30b3EC1.	<u> </u>	ited Liability Company	······································
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Colleen M. Riley-Smith	
	·	Name of Person	
	Palm Co	past Pet Taxi and Pet Sitting, t	LLC
		Firm/Company	
		1 Barrington Drive	
		Address	
		Palm Coast, FL 32137	
		City/State and Zip Code	
		pcpettaxi@gmail.com	
	E-mail address: (to be used for future annual report n	otification)
For further information co	oncerning this matter, please ca	all:	
Collee	en M. Riley-Smith	at (<u>386</u>)	986-9045
Name of	Person	Area Code Dayt	ime 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)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL17000015802	were filed on	01/19/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	;	
Palm Coast Pet Taxi	and Pet Care, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			15 CO 14
			(4)
•			DE CONTRACTOR
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)	•		Ø1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		N/A	
Name of New Registered Agent:		-	
New Registered Office Address:	Enter Florida	N/A street address	
	N/A	¥71	N/A
	City	, Flerida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my provided for in Cha	v duties, and I am upter 605, F.S. Or,	familiar with and if this document is
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 for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
N/A	N/A	N/A	Add
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ctive dat	e, if other than the date	of filing:	N/A	(optio	nnal)
effective da	ate is listed, the date must be sp	pecific and cannot be prio		more than 90 days after	filing.) Pursuant to 605.02
	late inserted in this block d Tective date on the Departs			ng requirements, tins	date will flot be fisted
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	pecifies a delayed eff		ot an effective	time, at 12:01 a	.m. on the earlier
ie 90th	day after the record i	s filed.			
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d	N/A	N/A			
	$\int Q$				- %
	Sign:	ature of a member or auti	iorized representativ	e of a member	7 2 2 2 4 A
					•
		A 11 I	/I. Riley-Smith		

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Filing Fee: \$25.00