L17000/16438

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900340891529

02,754,725--61034--608 **20,08

FILED 20 FEB 24 PM 2: 17

KAR 13 200

COVER LETTER

TO:

TO: Registration Division of C			
SUBJECT:	Name of Lim	aited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Cynthia Rein		
	ral Pet Market, LLC Name of Limited Lubility Company		
	Natural Pet Market LLC		
	 	Firm/Company	
	10669 Wiles Road		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Coral Springs, FL 33065		
		City/State and Zip Code	
٠٠.	- - -		
	E-mail address: (to be used for future annual report not	ification)
For further information	1 concerning this matter, please c	all:	
Denise Libby			
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Add:</u> Registration			ection
Division of Corporations			
P.O. Box 6	327	The Centre of T	Fallahassee
Tallahassee	e, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Natural Pet Market LLC					
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u>)			
	were filed on <u>5/25/2017</u>	and assigned			
Corol Springs EL 22076					
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	10669 Wiles Road				
	Coral Springs, FL 33076				
Enter new mailing address, if applicable:	10669 Wiles Road				
-	Coral Springs, FL 33076	j			
		<u>Š</u> Ė J			
	address on our records, enter	the name of the new regi			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	·	orida Zip Code			
	City	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			—————————————————————————————————————
			∴ 🛱 📊
		<u></u>	
.			Demange ☐ Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change

				-	•
		. =			
		- · · · · · · · · · · · · · · · · ·	 	7	
				, <u> </u>	7
	<u></u>	·-···			
				·	
			 1	· ·	
				: 7	
fective date, if other than the date of filing:	n prior to date a	if filing or more the	(option	al) ing y Pureu	ant to 605 021
ote: If the date inserted in this block does not meet the a	applicable sta	tutory filing requ	irements, this d	ate will n	ot be listed a
scument's effective date on the Department of State's rec	cords.				
ecord specifies a delayed effective date, but not an effec	tive time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th	day after th
is filed.			, ,		,
, February 21 2020					
nted 2020	· ·				
() 1111 Xibb -		presentative of a n			