## 117000255672

| (Requestor's Name)                      |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Scandos Lini, Admis,                   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
DIVISION OF CORPORATION:

N COOPER MAY 18 2018

## **COVER LETTER**

| TO: Registration of   | on Section<br>Corporations |                                |              |   |           |  |
|-----------------------|----------------------------|--------------------------------|--------------|---|-----------|--|
| SUBJECT:              | Lulu's                     | Pet 4                          | supply       | LIC   |           |  |
|                       | -                          | Name                           | of Limited   | Liability Company   |           |  |
| The enclosed Article  | es of Amendmen             | it and fee(s)                  | are submitte | ed for filing.  |           |  |
| Please return all cor | respondence cor            | ceming this                    | matter to th | e following:  |           |  |
|                       |                            | breg                           | Polar        | 1 <b>60 Y</b> 1<br>Name of Person                               |           |  |
|                       |                            |                                |              | Name of Person  |           |  |
|                       |                            |                                | <u></u>      | Firm/Company  |           | <del></del>  |
|                       | <del></del> -              | 4169                           | E. H         | ilsovoug<br>Address   | h Ave     | •  |
|                       |                            |                                |              | 33610<br>City/State and Zip Code                                |           |  |
|                       | _ 4                        | Kic a                          | ) lulu       | City/State and Zip Code  15 PC + SUP  e used for future annual  | ply. Co   | om<br>ation)   |
| For further informa   |                            |                                |              |   | -         |  |
| brea 1                | 201ain60                   | ท                              |              | at( <u>813</u> )  | 732-      |  |
|                       | lame of Person             |                                | •            | Area Code   | Daytime T | elephone Number  |
| Enclosed is a check   | t for the following        | ng amount:                     |              |   |           |  |
| \$25.00 Filing F      | Fee □ \$30.<br>Ce          | 00 Filing Fe<br>rtificate of S |              | □ \$55.00 Filing Fed<br>Certified Copy<br>(additional copy is e |           | □ \$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

| Lulu's ket supply  | LLC                      | are an our records \              |                            |
|--|--------------------------|-----------------------------------|----------------------------|
| (Name of the Limited Liability Com<br>(A Florida Limite  | d Liability Company      | ars on our records.)              |                            |
| The Articles of Organization for this Limited Liability Compar<br>Florida document number <u>L17000255672</u> .    | ny were filed on _       | 12/14/17                          | and assigned               |
| This amendment is submitted to amend the following:  |                          |                                   |                            |
| A. If amending name, enter the new name of the limited lia   | ability company          | <u>here</u> :                     |                            |
|  |                          |                                   |                            |
| The new name must be distinguishable and contain the words "Limited Lia  | bility Company," the     | designation "LLC" or the ab       | obreviation "L.L.C."       |
| Enter new principal offices address, if applicable:  |                          |                                   |                            |
| (Principal office address MUST BE A STREET ADDRESS)  |                          |                                   | 0 V S                      |
|  |                          |                                   | A SEC                      |
|  |                          |                                   | TAR<br>OF C                |
| Enter new mailing address, if applicable:  |                          |                                   | OR OF                      |
| (Mailing address MAY BE A POST OFFICE BOX)   |                          |                                   | <b>7 7 7 7 7 7 7 7 7 7</b> |
|  |                          |                                   | <b>02</b>                  |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | office address o<br>ere: | п our records, <u>enter</u>       | the name of the nev        |
| Name of New Registered Agent:  |                          |                                   |                            |
| New Registered Office Address: 4169  | E. Hill<br>Enter Flo     | SLOVO ugh<br>Orida street address | Ave.                       |
| Tan  |                          | , Florida                         | 33610<br>Zip Code          |
| New Registered Agent's Signature, if changing Registered Agen  | <u>t:</u>                |                                   |                            |
| I hereby accept the appointment as registered agent and ag   | ree to act in this       | capacity. I further ag            | ree to comply with the     |

If Changing Registered Agent, Signature of New Registered Agent

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 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 = Authorized Member Type of Action <u>Address</u> Title Title Name bregory A Robanson Jr 4169 E. Hillsborough Aven Add MGR Tampa FL 33610 □ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove Change □ Add □ Remove ☐ Change □ Add □ Remove

☐ Change

| 18 MAY 17 PM 12: 02   |                     |                      |                    | <u> </u>       |               |   |               | _                             |
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| 18 MAY 17 PM 12: 02   |                     | - <u></u>            |                    |                |               |   |               | _                             |
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| 17 PM 12: 02  |                     |                      |                    | <del> </del>   |               |   | <del></del>   | - <u>5</u>                    |
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| ~ <del>\</del>  |                     |                      | <u> </u>           |                |               |   |               | 7.A.T.A.T.                    |
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|   |                     | ·                    |                    |                |               | •                                       |               | _                             |
|   |                     |                      |                    |                |               |   |               | _                             |
|   | ocument's effective | date on the Departme | ent of State's rec | ords.          |               |   |               |                               |
| cument's effective date on the Department of State's records.   | e record specifie   | es a delayed effec   | tive date, bu      | t not an effec | tive time, at | 12:01 a.m. on                           | the ear       | lier o                        |
|   | The 90th day at     | fter the record is   | filed.             |                |               |   |               |                               |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. | da                  | 119                  |                    |                |               |   |               |                               |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. | كالآ                | 10                   | :                  | ·              |               |   |               |                               |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. | ated 77             | 1 1 1 A              |                    | U              |               |   |               |                               |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier  | Pated 77            | Han/                 | AR                 | dun            |               |   |               |                               |

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Filing Fee: \$25.00