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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fur Pet's Sake Name of Limited Liability Company	ڊي
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The enclosed Articles of Amendment and fee(s) are submitted for filing.	**************************************
Please return all correspondence concerning this matter to the following:	ر مراجع
Maria Mardina Valle Name of Person	C. K. C. C.
Fur Pet's Sake	
6555 Pine Lane	
Vero Beach, FL 32967 City/State and Zip Code -fur petssake DVM @ gmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Maria Mandina Valle at (305) HD 783-8909 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION

ARTICLES OF O	
Fur Pup's Sol (Name of the Limited Liability Compa) (A Florida Limited I.	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800059636</u>	were filed on 3/07/18 and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile. Fur Pet's Solve LLC The new name must be distinguishable and contain the words "Limited Liabile".	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	USSS Pro Lone Vero Bench, FL 32967
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10555 Ane Lane Vero Beach, Fl 329107
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the ne</u> :
Name of New Registered Agent: New Registered Office Address: VATO 12	Enter Florida street address COO . Florida 32967

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

(If an e <u>Note</u>	effective date, if other than the date of filing:
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier ϵ e 90th day after the record is filed.
Dated	July 25 . 2019
	AAH)

Page 3 of 3

Filing Fee: \$25.00