## 48000/34556

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

Office Use Only



500324489665

02/15/19--01023--021 \*\*25.00

FILED 2019 FEB 15 PH 2: \$5

Anund Manu

FEB 2 1 2019

I ALBRITTON

## **COVER LETTER**

TO:	Registration Se Division of Cor			
, . (1115-115		Pet Circus, LLC	•	
SUBJE		Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
		Karyl L. Alderman		
		Quarky Pets, LLC	Name of Person	
Firm/Company 1726 Sunset Lane				<u> </u>
		Tallahassee, Florida 32303	Address	
		theartlaw@yahoo.com	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please e	all:	
Karyl L	. Alderman		850 566-3331	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■</b> \$25	.00 Filing Fee	□ \$30.00 Filing Fec & 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	I Liability Compa	any as it now appears on our record Liability Company)	ds.)
()	A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Lia	bility Company	were filed on May 30, 2018	and assigned
lorida document number L18000134556	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liab	oility company here:	
Quarky Pets, LLC			
he new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company." the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	N/A	72
Principal office address MUST BE A STREET	ADDRESS)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			a
		NI/A	3. 里口
Enter new mailing address, if applicable:		N/A	· <u> </u>
<u>Mailing address MAY BE A POST OFFICE B</u>			
3. If amending the registered agent and/or the new registered offi			s, enter the name of th
Name of New Registered Agent:			<del> </del>
New Registered Office Address:	N/A		
		Enter Florida street addre.	S.S.
			orida
		Citv	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Hannah G. Porter	615 South 18th St, Nederland, TX 77627	<b>■</b> Add
			Remove
			Change
			🖸 Add
			□ Remove
		<del></del>	Change
		<del></del> -	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Remove
			☐ Change

D.		nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
	-	
	,	
	-	
E.	lf an ef Note:	ve date, if other than the date of filing:
		ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	Dated	February / 3 2019
		Jan
		Signature of a member or authorized representative of a member
		Karyl I., Alderman

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00