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C. GOLDEN

JAN 1 6 2020

COVER LETTER

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TO: Registration Sec Division of Corp				
-	MILY PETS LLC (f/k/a	NC & FAMILY L	LC)	
SUBJECT:		ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	NORMAN CHERA			
		Name of Person		
	NC & FAMILY PETS	S LLC		
		Firm/Company		 -
	500 BAYVIEW DRIV	VE, APT 330		
		Address		
	SUNNY ISLES BEA	ACH, FL 33160		
	NORMANCHERA@	City/State and Zip C AOL.COM	Jode	
	E-mail address: (to be used for future an	nual report notification	1)
For further information co	oncerning this matter, please ca	all:		
NORMAN CHERA	•	561		
Name of	Person	at (Area Code		phone Number
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	ny.	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S			eet Address: gistration Section	

Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Page 2

NC & FAMILY LLC

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ JUNE 1, 2018 _ and assigned Florida document number <u>L18000136170</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NC & FAMILY PETS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." NOT APPLICABLE Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NOT APPLICABLE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: NOT APPLICABLE Name of New Registered Agent: NOT APPLICABLE New Registered Office Address: Enter Florida street address

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 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>	Address	Type of Action
MANGE!	Norman Char	Joo bayuer dr	🗀 Ādd
		SUNNY ISLES beach	□Remove
		Fl, 33160	□Change
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
e record ord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	DECEMBER 10 2019
Dated ₋	N - C
	Signature of a member or authorized representative of a member
	NORMAN CHERA, MANAGER
	Typed or printed name of signee

Filing Fee: \$25.00