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## **COVER LETTER**

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SUBJECT:	Pooch of Po		
30031.01.		Name of Lim	ited Liability Company
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return	all correspo	ndence concerning this matter	to the following:
		Laura B. Fabricio	
		<del></del>	Name of Person
		The Fabricio Law Firm, Pa	A
			Firm/Company
		7900 Oak Lane, Suite 400	
			Address
		Miami Lakes, FL 33016	
			City/State and Zip Code
		ana@ petretailers.com  E-mail address: (	to be used for future annual report notification)
For further i	nformation c	oncerning this matter, please ca	all:
Ana Hess			954 442-3106 at ( )
	Name o	l'Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	ne following amount:	
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  Certified Copy, (additional copy is enclosed)  Certified Copy, (additional copy is enclosed)
Re Di P.0	ailing Address egistration S vision of C O. Box 632 Ilahassee, I	Section forporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pooch of Pooch, LLC (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 August 30, 2021 and assigned Florida document number <u>1.18000155135</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: 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 amfamiliar 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

Title	<u>Name</u>	Address	Type of Action
MGR	Linet Marquez	2020 NW 150 AVENUE	□Add
		Suite 300-A	<b>≡</b> Remove
		Pembroke Pines, FL 33028	
MGR	WLD Holdings, LLC	2020 NW 150 AVENUE	<b>=</b> Add
		Suite 300-A	□Remove
		Pembroke Pines, FL 33028	□ Change
	-11	***************************************	□Add
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