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SECRETARY OF STATE FALL AHASSEE, FLORIDA

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COVER LETTER

| Div | ision of Cor | porations | | |
|----------------|----------------|--|---|---|
| SUBJECT: | | PET SERVICES, LLC | | |
| obote i. | **** | 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: | |
| | | LISNEY VARGAS | | |
| | | | Name of Person | |
| | | KENDAL PET SERVICES | S. LLC | |
| | | | Firm/Company | |
| | | 8104 SW 23RD ST | | |
| | | | Address | |
| | | NORTH LAUDERDALE, | F1. 33068 | |
| | | ljvargas19@gmail.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For further in | nformation c | oncerning this matter, please ca | all: | |
| Massiel Mer | ndoza | | 305 496-3161 | |
| | Name o | f Person | | e Telephone Number |
| Enclosed is a | a check for th | ne following amount: | | |
| □ \$25.00 F | Filing Foe | ■ \$30.00 Filing Fee & 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:

TO:

Registration Section

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

| KENDAL PET SERVICES, LLC | | | |
|--|--|---|--|
| (Name of the Lim | ited Liability Company as it (A Florida Limited Liability | t now appears on our records.) y Company) | |
| The Articles of Organization for this Limited I | Liability Company were | filed on 07/10/2018 | and assigned |
| lorida document number L18000165988 | | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liability c | ompany here: | |
| Kendall's Service, LLC | | | |
| he new name must be distinguishable and contain the | words "Limited Liability Cor | npany," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Inter new principal offices address, if appli | | | |
| Principal office address MUST BE A STRE. | <u> </u> | | £./c |
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| nter new mailing address, if applicable: | | | S 2 |
| Mailing address MAY BE A POST OFFICE | <u> BOX)</u> | | |
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| 3. If amending the registered agent and egistered agent and/or the new registered of | | nddress on our records, 😝 | |
| egistered agent and or the new registered t | mice addites neit. | | |
| Name of New Registered Agent: | Lisney Vargas | | |
| New Registered Office Address: | 8104 SW 23RD ST | | |
| <u></u> | | 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

North Lauderdale

If Changing Registered Agent, Signature of New Registered Agent

Florida $\frac{33068}{}$

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 |
|--------------|-------------|--------------|----------------|
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00