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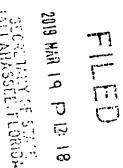
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### **COVER LETTER**

COVENTETTER
TO: Registration Section Division of Corporations
SUBJECT: Pet Const docat docume and bounding LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
April Hall Name of Person
Pet Coost degret degree & boarding LC
Lolb walucood h
Palm Crost Fl 32164  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (386) 693-1619 V Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$25.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status \$25.00 Filin

#### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

#### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building

(additional copy is enclosed)

FILED

2019 MAR 19 P 12: 18

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRUTARY HE STATE TALLAHASSEE, FLORIDA

(Name of the Limited)	Liability Company as it now appears on o Plorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabi		3-19 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Lightlity Company," the designal	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET /	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet address
_		, Florida
	City	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 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 = A	uthorized Member		
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