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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PET PLANET 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:
Gullermo Perez Name of Person
Pet Planet LLC
Firm/Company 11724 SW 92nd Ln
Migmi FL 33186
City/State and Zip Code Puillermo. m. Derez @ Pincil. com Edmail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cillerno Perez at (786) 229-8085 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \$\times \text{S60.00 Filing Fee, 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pet PCAN	iet LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on c imited Liability Company)	par records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 18000760151</u>		<u>V 06, 2018</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable:	ed Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRE	ass)	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5 P 1 F D 3: 51
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our ss here:	records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida str	eet address
	City	, Florida Zip Code
New Degistered Agent's Signature if shanging Besistand	y	inp cour

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>	Name	Address	Type of Action
MGR	Guillermo Ferez	11724 SW 92nd Ln	
		Mianii Fl 33186	Remove
			🗖 Change
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			Remove
			☐ Change
			🗅 Add
			Pemove
			Change

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Factiva	date, if other than the date of filing:	(4)IV
un effectiv ote: If ti	we date is listed, the date must be specific and cannot be prior to date of filing or months date inserted in this block does not meet the applicable statutory filing it is effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605.020 requirements, this date will not be listed as
record The 90	d specifies a delayed effective date, but not an effective tin th day after the record is filed.	ne, at 12:01 a.m. on the earlier o
ted	January 8th, 2019	
	Signature of a member or authorized representative of	a member

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Filing Fee: \$25.00