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(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration S Division of Co				•
	Paws Memorial Services LLC			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	Eduardo Ayala			
		Name of Person		
	Ayala Law PA			
	<u> </u>	Firm/Company		
	2490 Coral Way, 4th floor	r		2012 S.C.
		Address		2023 FEB
	Miami, FL 33145			<del>-</del>
		City/State and Zip Code		i on
	sgarcia@ayalalawpa.com			PH 1
	E-mail address: (	to be used for future annual report n	otification)	
For further information of	concerning this matter, please o	all:		된 5
Eduardo Ayala		305 570-2208 at ( )		1 • !
Name o	f Person	Area Code Dayti	ime Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	of Status &
Mailing Addres		Street Address:		
Registration S Division of C		Registration S		
P.O. Box 632	-	Division of Co The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peaceful Paws Memorial Services	···=		
(Name of the Lin	nited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) spany)	<del></del>
The Articles of Organization for this Limited Florida document number L18000262880	Liability Company were filed	on 11/09/2018	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compa	any here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		707
· · · · · · · · · · · · · · · · · · ·			<u> </u>
	7		Ţ
Enter new mailing address, if applicable:			5
(Mailing address MAY BE A POST OFFICE	FROX)		7 - 0
			TT. 0
B. If amending the registered agent and/or agent and/or the new registered office addr		our records, enter the name	of the new registered
Name of New Registered Agent:	Ayala Law PA		
New Registered Office Address:	2490 Coral Way, 4th Floor		
	Ent	er Florida street address	
	Miami	, Florida _ <sup>3314</sup>	45
	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 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

Title	<u>Name</u>	Address	Type of Action
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E. Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior to date of filing or m does not meet the applicable statutory filin	(optional) nore than 90 days after filing.) Pursuant to 605.0207 (3)(5) ag requirements, this date will not be listed as the
If the record specifies a delayed effective de record is filed.	ate, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
Dated Feb 9, 2023	Feb 9, 2023	
Paul H. Butler Paul H Butler FAD 7 2023 11 30 EST		
	nature of a member or authorized representative	of a member
Paul H Butler	Typed or printed name of signee	

Filing Fee: \$25.00