118000281399

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V. C.

COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Div	ision of Coi	rporations				
SUBJECT:	MCCALL	ANIMAL COMPANIONS LL	C			
SOBJECT,	Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		SHEILA MCCALL				
			Name of Person			
			Firm/Company		2 0	
		6035 PECCARY ST			19 AP	
		WALDORF MD 20603	Address		2019 APR - 3 AM 10: 01	FILED
		SMCCALL@PETWANTS	City/State and Zip Code COM		0.0 H	
			to be used for future annual report notif	ication)		
For further in	iformation c	oncerning this matter, please co	aff:			
SHEILA MC	CALL		240 419-8153 at ()			
	Name o	f Person		Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25,00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate C Certified Co (additional cop	of Status & opy	
		ING ADDRESS: ation Section	STREET/COURI Registration Section			

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L18000281399</u>	Company were filed on 12/6/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	tited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		2019
(Principal office address MUST BE A STREET ADDR	<u></u>	APR-3 PERBY
Enter new mailing address, if applicable:		AH 10
(Mailing address MAY BE A POST OFFICE BOX)		0
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent and/or the new registered office additional agent.	tered office address on our records, <u>en</u> ress here:	ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	Zin Coda

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>	<u>Name</u>	Address	Type of Action
MGR	ILEANA RAMIREZ	16220 SOUTH POST ROAD 203 WESTON FL 33331	≅ Add
			□ Remove
			_ □ Change
MGR	GUSTAVO PINHA	16220 SOUTH POST ROAD 203 WESTON FL 33331	
			Remove
			□ Change
			Z C □ Emove
			PR 2
			AMO: 0
			□ Remove
			□ Change
			🗖 Add
			□ Remove
			Change
			Add
			Remove
			Change

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Filing Fee: \$25.00