L19000016826

(Re	equestor's Name)	
(Ad	ldress)	<u>.</u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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2019 HAY -3 PM 1:21

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COVER LETTER

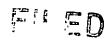
TO:	Registration Se Division of Cor			
em	MIAMI PE	T MATES LLC		
SUB				
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		MARCO A MATERA		
			Name of Person	
		MIAMI PET MATES LLO		
			Firm/Company	
			Address	
		620 LA VILLA DR MIAMI SPRINGS, FL 33		
		miamipetmates@gmail.con	City/State and Zip Code	
			to be used for future annual report notif	ication)
For fi	arther information c	oncerning this matter, please ca	all:	
MIG	UEL A LARES AL	EMAN	786 262-83-33	
	Name o	f Person	a1 () Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne following amount:		
■ \$	25.00 Filing Fee	□ \$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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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



2019 HAY -3 PH 1:21

MIAMI PET MATES LLC

(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Florida document number <u>L19000016826</u>	Liability Company were filed on 01.	/15/2019 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company he	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	d/or registered office address on	our records, enter the name of the n
	620 LA VILLA DR	
New Registered Office Address:		ida street address
	MIAMI SPRINGS, FL	Florida 33166

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>	<u>Address</u>	Type of Action
MGR	MIGUEL A LARES ALEMAN	620 LA VILLA DR MIAMI SPRINGS, FL 33166	■ Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			
			□ Remove
			Change
			Remove
		<u> </u>	□ Change
			Add
			Remove
	<u> </u>	Change	
			Remove
			☐ Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	04/30/2019
(If an effe <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	April 29th 2019
	Signature of a member or authorized representative of a member
	Marco A. Matera G. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00