

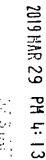
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C. GOLDEN APR -6 2019

COVER LETTER

Division of Co	orporations			
Pets N Pe SUBJECT:	ople LLC			
Name of Limited Liability Company				
The mulescal Agrictory	F Amandamant and factor are sub-	emittad for filing		
Please return all corresp	ondence concerning this matter	to the following:		
	Ronald Leventhal			
		State and Zip Code (10 be used for future annual report notification)		
	Agent for Pets N People			
		Firm/Company		
	8762 Lake Tibet Ct			
		Address		
	Orlando, FL 32836			
	ronlevone@gmail.com	City/State and Zip Code		
	E-mail address;	to be used for future annual report notif	ication)	
For further information	concerning this matter, please e	att:		
Ronald Leventhal				
Name	of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for	the following amount:			
S25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	

MAILING ADDRESS:

TO:

Registration Section

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 Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 MAR 29 PM 4: 13

Pets N People LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	07/75/7010	
The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.19000054400	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Care Better Daily LLC		
The new name must be distinguishable and contain the words "L	amited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		enter the name of the no
registered agent and/or the new registered office ac	idress nere:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida speet address	
	Enter Florida street address	
	Florid	da
	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

<u>Title</u>	Name	Address	Type of Action
			Remove
			[Change
			Add
			□ Remove
			☐ Change
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Note:	we date, if other than the ective date is listed, the date mus. If the date inserted in this ble ent's effective date on the De	ock does not meet the app	meanic statutory in	(optional) more than 90 days after filing. Pe ng requirements, this date wi	irsuant to 605,020 If not be listed a
If the rec (b) The	cord specifies a delayed 90th day after the rec	l effective date, but ord is filed.	not an effective	time, at 12:01 a.m. on	the earlier o
TN: 1	March 26	2019			
Dated	Reculo	Signature of a member or a	authorized representati	ve of a member	
		Signature of a memoer of a	manuel opterman		
	Ronald Leventhal				

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Filing Fee: \$25.00