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Office Use Only



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COVER LETTER

	Registration Se Division of Cor						
eud tea	Fluffy Paw	Paradise LLC					
SUBJEC	T:Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	indence concerning this matter	to the following:				
		Leslie M Ruiz					
			Name of Person				
		9367 Via San Giovani St.	Firm/Company				
		Fort Myers, FL 33905	Address				
		Lele0824@yahoo.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notif	ication)			
For furth	er information c	oncerning this matter, please ca	all:				
Leslie M	Ruiz		954 740-3688 at ()				
	Name o	f Person	Area Code Daytime	e Telephone Number			
Enclosed	l is a check for th	ne following amount:					
■ \$25.0	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

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our records. ida Limited Liability Company)	<u>_</u>
The Articles of Organization for this Limited Liability Florida document number L19000067131	Company were filed on March 08, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Fluffy Paw Paradise LLC		
The new name must be distinguishable and contain the words "L	imited 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 ADL	DRESS)	19
		APR 29
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		711 DE TE
		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flor	
	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
MGR	Leslie M Ruiz	9367 Via San Giovani St Fort Myers, FL 33905	■ Add
			Remove
			Change
	.		Add
			Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change
			Add
		<u></u>	☐ Remove
			Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <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	tpril 12 2019.
	Signature of a member or authorized representative of a member
	Lessie Ruiz Typed or printed name of signee