

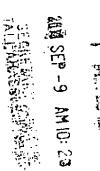
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(220, 7.4)
(Document Number)
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Special Instructions to Filing Officer:

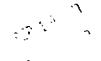
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## **COVER LETTER**

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	Registration Se Division of Cor				<b></b>
SUBJEC	SAVINGS FOR PETS LLC				
501015		Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub	-		
		JENNIFER NORRIS			
			Name of Person		
		AG MARKETING			
			Firm/Company	<u> </u>	
		2655 ULMERTON RD. S	TE 121		
			Address	<del></del>	
		CLEARWATER, FL 3376	52		
			City/State and Zip Code		
		JEN@AGMARKETINGFI			
		E-mail address; (	to be used for future annual report notifi	ication)	
For furth	er information co	oncerning this matter, please c	all:		
JENNIF	ER NORRIS		863 934-8162 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	e following amount:			
<b>■</b> \$25.0	0 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 State Certified Copy (additional copy is enc	

MAILING ADDRESS:

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
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT OT **ARTICLES OF ORGANIZATION OF**

ARTICLES OF C	O NCANIZATIC	N.
	)F	
SAVINGS FOR PETS LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)  and assigned.
The Articles of Organization for this Limited Liability Company  Florida document number 1.19000142546	were filed on 5/29/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	722 116TH AVENU	IE NORTII
(Principal office address MUST BE A STREET ADDRESS)	APT 2008	
	ST PETERSBURG,	FL 33716
Enter new mailing address, if applicable:	722 H6TH AVENU	E NORTH
(Mailing address MAY BE A POST OFFICE BOX)	APT 2008	
	ST PETERSBURG.	FL 33716
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	
	Enter Florida si	rvei address
	City	Florida
New Registered Agent's Signature, if changing Registered Agent:	•	Zīp Code
	ee to act in this capa	city. I further agree to comply with the luties, and I am familiar with and ter 605, F.S. Or. if this document is

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	MONICA GEORGE	9575 58TH STREET N	
		PINELLAS PARK, FL 33782	Add
			■ Remove
			Change
MGR	LAZARUS GEORGE	722 H6TH AVENUE NORTH	
		APT 2008	Add
			Remove
		ST PETERSBURG, FL 33716	Change
			Remove
		<del></del>	Change
			Add
		<del></del>	Remove
			D Change
	<del></del>		Add
			Remove
			Change
			□ Remove
			□ Change

ective date, if other than the date of filing:  (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02	9/5/2019	ective date, if other than the reflective date is listed, the date must te:  If the date inserted in this blooms.	the specific and cannot be proved door not must the and	rior to date of filing or mor	(optional) re than 90 days after filing.) Pure	suant to 605.02
		ective date, if other than the	9/5/2019 date of filing:	1	(antional)	
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Typed or printed name of signee

Filing Fee: \$25.00