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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	-iling Officer:	

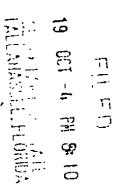
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OCT 2 4 2019 S. YOUNG



COVER LETTER

SUBJECT: Pc+Pa	Orlando LLC Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Jac	guelynn Powers	
	De H	Firm/Company	
	7977 5	hoals Dr. Apt. E Address	
	Orla	ndo FL 32817 City/State and Zip Code	
	E-mail address: (i	Powers ZOE qmail. (o to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Jacque Name o	lynn Powers freson	at (<u>407</u>) <u>405</u> Area Code Daytim	- 1915 e Telephone Number
Enclosed is a check for the	ne following amount:		
2 (\$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:

TO:

Registration Section Division of Corporations

> 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 TO ARTICLES OF ORGANIZATION OF

第23 5

PetPal Clando UC = 8 T
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on <u>Tone 24th 2019</u> and assigned Florida document number <u>L 19000 64772</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the registered agent and/or the new registered office address here</u> :
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jacquelynn Powers	1977 Shoals Dr. Apt. E Orlando PL, 32817	Add
		<u></u>	□ Remove
		Change/Add title of OWNER	Change
			O Add
		Remove	
			Change
			Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			
			🗖 Change

_1	LC Registered agent to Jacquelynn Powers
_	Jacquelynn Powers will be listed as OWNER, MANAGER
_	and REGISTERED AGENT.
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fan effe <u>Note:</u> docume	tive date, if other than the date of filing:
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Dated _	
Dated _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00