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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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Registration Section

TO:

Division of Co	rporations		
SalesNet I	ets Ft Walton, LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Peggy Davis		
		Name of Person	
	SalesNet Pets, LLC		
		Firm/Company	
	950 Grand Canal St.		
		Address	
	Gulf Breeze, FL 32563		
		City/State and Zip Code	******
	peggy.davis@petland.com	to be used for future annual report not	(Gardan)
Eur further information	n-man address. (concerning this matter, please c		meation)
	concerning this matter, piease e		
Peggy Davis		850 208-1978 at ()	ne Telephone Number
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SalesNet Pets, LLC

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

(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 August 22, 2019 and assigned Florida document number 1.19000214880 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 "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u> [1]46-27-17:46	Type of Action
MGR	Peggy Davis	950 Grand Canal St	= Add
		Gulf Breeze, FL 32563	□Remove
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difficite seriective date	on the Department of	suite s records.		
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is filed.	d effective date, but in	of an effective time, at 12.	or a.m. on the carrier or. (c	y The John day after the
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	Signal Ge of a	a member or authorized repre	esentative of a member	