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SUBJECT: _	Swær	2dog Mol Name of	ONC G Limited Lia	**************************************	13 Supp	el <u>cs</u>	LLC		
The enclosed .	Articles of Am	endment and fee(s) are	submitted	for filing.					
Please return a	ill corresponde	nce concerning this ma	itter to the f	ollowing:					
		Michael	Da	SZKO Name of Person	<u>, </u>				
		Da	szko	Roll Firm/Company) <u>)</u> occ	cutan	tstadvisors		
		2401	Boca	Rator	a. Blu	d.			
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For further inf	ormation conc	erning this matter, plea	se call:						
Franch	Name of Pe	Valle-Smit	Ь	at (954) Area Code	549-6 Daytime	4007 Telephon	e Number	P#12: 40	T STATION
Enclosed is a	check for the fo	ollowing amount:							
□ \$25.00 Fi	ling Fee	\$30.00 Filing Fee & Certificate of Statu	Š	555.00 Filing I Certified Copy (additional copy i	У	1	60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _______ Florida document number <u>84-320952</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: love of Paws LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1031 Anderson circle Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Deerfield booch, FL 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 Florida City

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
			□Add
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Signature of a member or authorized representative of a member	is file	
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Filing Fee: \$25.00