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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIŁ
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





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2020 OCT 26 PM 5: 28
SECRETARY OF STATE

12/4/20

. . . . COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Pawfict	Pet Walks	na and laire.	
	Name of Limite	ed Liability Company	
The enclosed Articles of Amendme	nt and fee(s) are subm	nitted for filing.	
Please return all correspondence co	ncerning this matter to	the following:	
	Lauren	Serman Name of Person	-
	rawtect	Pet Walking and Care Firm/Company	
<u>\Q</u> (16 SE 21	nd AVE. Address	
	0.1 -	1 K 2112	
	Velray Gen	ch FL 33483 City/State and Zip Code	<u> </u>
	Secmon	be used for future annual report notification	
	E-mail address: (to	be used for future annual report notification	n)
For further information concerning	this matter, please call	1:	
Lawen Serman		a1(S(19) 274-50	01
Name of Person		at (S67) 274-S0 Area Code Daytime Telep	phone Number
Enclosed is a check for the following	g amount:		
	00 Filing Fee &	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Matter Address		C4 A J.J	
Mailing Address: Registration Section		Street Address: Revistration Section	

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

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

Pawfeet Pet Walking	and lare CCC 26 PM 5:28
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on out retords.) RY OF STATE liability Company) TALLAHASSEF. FL
The Articles of Organization for this Limited Liability Company	were filed on February 01, 2020 and assigned
Florida document number <u>L 2 00 000 456 28</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	GOG SE 2nd Ave
(Principal office address MUST BE A STREET ADDRESS)	COG SE 2nd Ave Delmy Beach, FL 33483
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	GOG SE 2nd Ave Delay Beach, FL 33483
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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>	<u>Address</u>	Type of Action
			□ Add
			Remove
		<u></u>	
			□Add
			□Remove
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Jeannein 3	encenve date on	the iseparation o	Tource 5 Tource	••			
record spec l is filed.	cifies a delayed et	ffective date, but r	not an effective t	time, at 12:01 a.m	on the earlier of: (b) The 90th day aft	er the
ated[0-06		<u>, 2020</u>	<u> </u>	e of a member		
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