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COVER LETTER

TO: Registration Section

Division of Co	rporations		
SOUTH F	LORIDA PET CARE, LLC	-	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Cynthia Muniz		
		Name of Person	
	South Florida Pet Care, LL	.c	
		Firm/Company	
	421 NE 6TH STREET - PI	H 13	
		Address	
	FORT LAUDERDALE, F	FL 33304	
		City/State and Zip Code	·
	CMUNIZ1207@GMAIL.C		
		to be used for future annual report not	ification)
For further information	concerning this matter, please co	all:	
CYNTHIA MUNIZ		954 279-9691 at ()	
Name	of Person		ne Telephone Number
Enclosed is a check for t	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 Tallahassee, Fl	rporations Tallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH FLORIDA PET CARE, LLC					
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recordited Liability Company)	ds.)			
The Articles of Organization for this Limited Liability Comp	pany were filed on APRIL 15, 2020	and assigned			
Florida document number L20000103326		22			
This amendment is submitted to amend the following:		2020 APR 21			
A. If amending name, enter the new name of the limited	liability company here:	27			
		P			
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C:"			
Enter new principal offices address, if applicable:	825 N FEDERAL HIGHWAY	•			
Principal office address MUST BE A STREET ADDRESS	FORT LAUDERDALE, FLOI	RIDA 33304-2704			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)					
3. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>enter</u>	the name of the new registe			
THE OF THE PROPERTY OF THE PRO					
New Registered Office Address:	Enter Florida street addre	Enter Florida street address			
	រះា	lorida			
	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 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
CFO	CARLOS A. MUNIZ	421 NE 6TH STREET- PH 13	= Add
		FORT LAUDERDALE, FL 33304	□ Remove
			☐ Change
			□Add
			□ Remove
			Change
	<u></u>		□ Add
			Remove
			□ Change
			□Add
			Remove
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