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COVER LETTER

TO: Registration Se Division of Corp		• • •	•
SUBJECT:T	Name of Limit	Pet FAQ LL C ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Trendy Paw.	Name of Person Pet spa LL C Firm/Company	
		lake Blud. ste	10
	worth Palm	City/State and Zip Code	08
	Trendyra E-mail address: (1	to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	all:	
Stephanie I Name of	Delauzz. Person	at (561) 788 - 20 Area Code Daytim	OSS ne Telephone Number
Enclosed is a check for th	e 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 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

(Name of the Limited Liab) (A Flori	et sig LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears (da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	7/4/2020	and assigned
Florida document number <u>L 2004011937</u>	<u> 8</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	: :	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
			·
			-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
muuing uuuress MAT BE AT OST OFFICE BOX	 :		
	· "		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		-	
	Enter Florid	a street address	
		Florida	<u> </u>
	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
AMBR	Juroph Betral	1118 Green Pine Stud.	□Add
		TATA2	Remove
		west Palm Beach FL 338	<u>⊘</u> ¶ □Change
	 		□Add
			□Remove
			□Change
			□Λdd
			□Remove
			□Change
			□Add
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(If an effe	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e record ord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	Jan 29th 2024.
	Supi Polysia. 2004. Signi Polysia. Signature of a member or authorized representative of a member
	Stephanie Delacizzi Syped or printed name of signee

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