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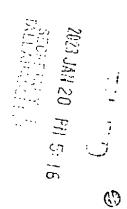
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Dana DO! Pet Concierge	
Name of Limited Liability Company	-
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Dara Mulkey Name of Person	_
Dava Dol. Pet Concierge Firm/Company	<u>,                                    </u>
U5 SE 34th St.	_
Ocala, FL 34471  City/State and Zip Code	_
E-mail address: (to be used for future annual report notification)	hoo.com
For further information concerning this matter, please call:	
Dana Mulkey at 352 497 - 9515  Name of Person Area Code Daytime Telephone Num	ber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
Mailing Address:  Registration Section  Registration 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

0.		- 2K <u>-</u>
Dana Dol, LLC	<u></u>	20 年 20
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.)	
	•	
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited liabi	lity company here:	
Dana Do! Pet Conciera	e, LLC	
The new name must be distinguishable and contain the words "Limited Liabili		reviation "L.L.C."
Enter new principal offices address, if applicable:	115 SE 34th St.	
(Principal office address MUST BE A STREET ADDRESS)	O(C/V) FL 34471	
(Frincipal Office address MOST DE ASTREET ADDRESS)		
	115 SE 34th St.	
Enter new mailing address, if applicable:	01010 FL 344	
(Mailing address MAY BE A POST OFFICE BOX)	<u> 01010, FL 399</u>	11
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name	of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	1.00	
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>	Address	Type of Action
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ective date, if	other than the date of filing: (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
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cord specifies a s filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
. 1	January 17th 2023.
ed	
	NOW NX
	Signature of a member or authorized representative of a member