## LZU 000 244 280

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
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Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	
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<u> </u>		

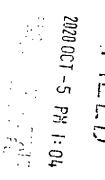




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## **COVER LETTER**

Tallahassee, FL 32314

	gistration Sec ision of Corp				
CHD IECT.		OF PETS LLC			
SUBJECT:			ited Liability Company		
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		ELIWAR DECARVALHO	0		
			Name of Person		
		ERC CONSULTING INC			
			Firm/Company		
		4699 N FEDERAL HWY	SUITE 102E		
			Address	, <u> </u>	
		POMPANO BEACH, FL.	33064		
			City/State and Zip Code		
		E-mail address: (	to be used for future annual re	port notification)	
For further in	nformation co	oncerning this matter, please co	all:		
			at ()	Daytime Telephone Number	
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for the	e following amount:			
<b>■ \$</b> 25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$60.00 Filing For Certificate of State Copy (additional copy is	Status &
	ling Address		Street Add		
Registration Section Division of Corporations		Registration Section Division of Corporations			
	). Box 6327			re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WOOF WOOF PETS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company	were filed on 08/11/2020	and assigned
lorida document number L20000244280		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDRESS)		
		to de la constanta
		5 P
nter new mailing address, if applicable:		- F
Mailing address MAY BE A POST OFFICE BOX)		723
		· 1 + · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	ne name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	
	, Flor	
	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>	<u>Name</u>	<u>Address</u>		Type of Action
MGR	ANA E SHAW	6522 VIA ROSA		_ □Add
		BOCA RATON, FL 33433		_ <b>≡</b> Remove
				_ 🗆 Change
				_ □Add
		<del></del>		_ 🗆 Remove
				_ □Change
			<del> </del>	_ Add 2020 _ Bremove 77
				_ Remove 77
		2473 1783 1784 1785	Schange Change	
		-		_ □Remove
				_ □Change
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(If an eff	ve date, if other than the date of filing:  cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90  If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.0: ments, this date will not be listed	207 (: as ti
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eared.	rlier of: (b) The 90th day after t	he
Dated	OCTOBER 1 2020.		
	Signature of a member or authorized representative of a mem	ber	

Filing Fee: \$25.00