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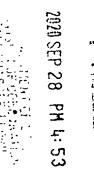
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COVER LETTER

TO: Registration S Division of Co			a
Pet Neight	porhood LLC	·	•
SUBJECT:		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Chowdhury Faisal		
		Name of Person	
	Pet Neighborhood LLC		
		Firm/Company	
	1753 Alambra Circle		
		Address	
	Apopka Florida 32703		
		City/State and Zip Code	
	shadmanmatin@live.com		
	E-mail address: (to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
Chowdhury Faisal		954 804-5335 at ()	
Name (of Person		me Telephone Number
Enclosed is a check for t	the following amount:		
□ S25.00 Filing Fee	S30.00 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		Street Address:	andian
Registration Division of (Registration S Division of Co	
P.O. Box 63.		The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pet Neighborhood LLC		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our recor- Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000269465</u> .	were filed on August 31st	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	<u>بي</u>
Pet Rehomerz LLC		
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC	C" or the abbreviation J.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		23
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	785
	F	lorida
	Cîty	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605.	and I am familiar with and . F.S. Or, if this document is

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
			CAdd
			□Remove
			□Change
			□Remove
			□Remove
		 	Change
			□Remove
			□ Change
			□ Remove
			□Change
			□Remove
			Change

. Effective date, if other than the		
	_ .	
		
		 <u> </u>