L20000333807

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COVER LETTER

Tallahassee, FL 32314

го:	Registration Se Division of Cor			٠ +	
211 0 167		DLY NETWORKS, LLC	• .	1.0	
SUBJEC		Name of Lim	ited Liability Company		
The small	agad Articles of	Amendment and fee(s) are sub	mitted for filing		
		indence concerning this matter			
		Mike Merrill			
			Name of Person		
		PET FRIENDLY NETWO	ORK, LLC		
			Firm/Company		
		140 Ashton Oaks Drive			
			Address		
		St. Augustine, FL 32092			
			City/State and Zip Code		
		mike@petfriendlynetwork.r			
Same Const.			to be used for future annual r	report notification)
		oncerning this matter, please c			
Mike M	errill		904 553 at ()	-9779	
	Name o	f Person	Area Code	Daytime Telep	hone Number
Enclosed	d is a check for th	ne following amount:			
≡ \$2 5	00 Filing Fee	(D\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is encl		3 \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Ad		
Registration Section Division of Corporations P.O. Box 6327			-	ition Section of Corporati	ions
			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pet Friendly Networks, LLC

FILED

2021 JAN 27 PM 4: 56

(Name of the Limited Liability Company as it now appears on our records, TARY OF (A Florida Limited Liability Company) IALLAHASSI TALLAHASSEF, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{10/21/2020}{10/21/2020}$ and assigned Florida document number L20000333807 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pet Friendly Network LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is zing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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>	Address	Type of Action
			□Add
			□Remove
			□ Change
		·	□Add
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			□ Change
		 	
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			Change

	
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offective date is listed e: If the date inser	er than the date of filing:
amont a entretive d	are on the respantition of Brate Brocoras.
ord specifies a del filed.	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
January 20	2021
Mi	M
_ 	Signature of a member or authorized representative of a member
Mike Merri	11
	Typed or printed name of signee

. . . .

D.

Filing Fee: \$25.00