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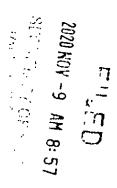
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COVER LETTER

TO:	Registration Se Division of Cor		,	, •
C11D 1E/		T SERVICE LLC	·	
SUBJE	~1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		ALEXANDRA F. ORTEC	βA	
		-	Name of Person	
		WOOF PET SERVICE LE	.C	
			Firm/Company	
		5101 MALLARDS PLAC	E	
			Address	
		COCONUT CREEK, FLO	RIDA 33073	
			City/State and Zip Code	
		FAORTEGA@COMCAST		205 21
For furth	ner information co	e-mail address: (to be used for future annual report no all:	attication)
ALEXA	.NDRA ORTEG:	Ą	408 250-0848	
	Name of	f Person	Area Code Dayti	me Telephone Number
Enclosed	l is a check for th	ne 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 S		Street Address: Registration S	ection
	Division of C	orporations	Division of Co	orporations
	P.O. Box 632		The Centre of	
	Tallahassee, F	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WOOF PET SERVICE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{OCTOBER } 23,2020}{\text{OCTOBER } 23,2020}$ and assigned Florida document number L20000336546 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

'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
MGR	ALEXANDRA F. ORTEGA	5101 MALLARDS PLACE COCONUT CREEK FL	3] a Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 🗆 🗆 🗆
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

	
	
Effective data if ather than the	Luta of Glinas
(If an effective date is listed, the date must Note: If the date inserted in this block document's effective date on the Dep	date of filing:
ne record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated NOVEMBER 4	
H.Al	Signature of a member or authorized representative of a member
ALEXANDRA F. ORTE	GA Typed or printed name of signee

Filing Fee: \$25.00