

L21 0000 37447

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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Petoodle, LLC

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:

Theresa Cataruzolo

Name of Person

Petoodle, LLC

Firm/Company

714 Woodbridge Ct.

Address

Ormond Beach, FL 32174

City/State and Zip Code

tericat12@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Cataruzolo

941 920-5009
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

Petoodle, 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 1/19/2021 and assigned
Florida document number L21000037447.

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)

714 Woodbridge Ct.

Ormond Beach, FL 32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

714 Woodbridge Ct.

Ormond Beach, FL 32174

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:

Theresa L. Cataruzolo

New Registered Office Address:

714 Woodbridge Ct.

Enter Florida street address

Ormond Beach

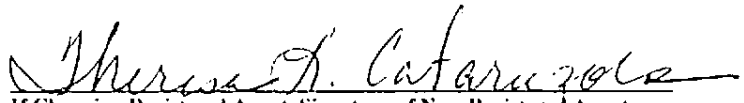
City

Florida 32174

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>	<u>Type of Action</u>
MGR	Angela M. Kruck	1117 Oxbridge Ln.	<input type="checkbox"/> Add
		Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Werner E. Kruck	1117 Oxbridge Ln.	<input type="checkbox"/> Add
		Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2000 10 24
 2000 10 24

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated April 14, 2023

Theresa K. Cataruolo
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00