L21000086028

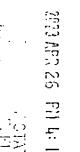
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

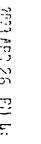
Office Use Only



300407384183

04/26/23--01011--022 **25.00





COVER LETTER

Registration Section Division of Corporations

TO:

subject: Flori	do Elite Pot Se Name of Lim	TCICES ited Liability Company		
	Amendment and fee(s) are sub	-		
Please return all correspo	ndence concerning this matter	to the following:		
	Karen Dend	OF KINCING Name of Person		
	Florida Elit	Pet Sercices Firm/Company		
	133 Osprey	Heights Dr. Address		
	Winter Have	n FL 33580 City/State and Zip Code	123 7.7. 20 P	
	E-mail address. (to be used for future annual report noti	fication)	
For further information o	oncerning this matter, please c			
	·	ш	111	
Wilson J.	Cardona	at (<u>407</u>) <u>360</u> - Area Code Dayum	-8781	
Name o.	f Person	Area Code Daytim	ie Telephone Number	
Enclosed is a check for th	ne following amount:			
区 \$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 Section		Street Address: Registration Se	ction	
Division of Corporations		Division of Cor	rporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
1 ananassee, 1	に コモコ [サ	2412 IV. MOHIU	e once, oune ore	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Elite Pel	Services		
(A Florida Lin	ompany as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Com Florida document number	npany were filed on <u>O2 22 202 </u>	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Luability Company," the designation "LLC" or the abbre	viation "L. L. C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>	25	
	1.5.4	.3 	
		=3	
Enter new mailing address, if applicable:		8	
(Mailing address MAY BE A POST OFFICE BOX)			
(Madding address MAT BE A FOST OFFICE BOX)		- L.	
	mi	7	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name o</u>	f the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zıp 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 amending Anthorized 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_	Karen Dendariaren	133 Ospral Heights br	□Add
		133 Ospral Heights br Winter Hoven FL 33880	XIRemove
			□Change
			🗆 Add
			□Remove
		***************************************	□Change
		<u> </u>	
			Remove
		<u> </u>	Change
		· 	□∧dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member Typed or printed name of signee