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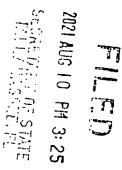
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COVER LETTER

Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: PET BUDDHA 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:
PET BUDDHA LLC Firm/Company 1234 PATHWAY DR Address ORLANDO FL 32825
City/State and Zip Code RICANDLAYOM F. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RICAND LAY at (407) 684360 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were tiled on \mathcal{L} Florida document number \mathcal{L} 21000 123 486	03/16/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he HOUSE HELPEN HAUEN LLC	e <u>re:</u> - 5 78
The new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.UO"
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: 25
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	ecords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Flor	rida street address
	, Florida
City	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 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
AMBR	RICAYDO LAY, JR	1234 PATHWAY DR	□Add
	ι	1234 PATHWAY DR ORLANDO YL 32325	□Remove
			Change
			🗆 Add
			□Remove
		TOR TOR	□ Remove □ Cllange □ Add □ Remove
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Effective date, if other (If an effective date is listed, if Note: If the date inserted document's effective date	ne date must be specific in this block does no	and cannot be prior of meet the applic	to date of filing or me able statutory filing	(opti ore than 90 days afte g requirements, th	r filing.) Purs	uant to 60 not be lis)5.0207 (1 sted as th
he record specifies a delayer ord is filed.	ed effective date, but	not an effective ti	me, at 12:01 a.m. c	on the earlier of: (i	n) The 90tl	i day aft	er the
Dated <u>08/05</u>	12021	·					
	Signature o	f a member or author	nived epresentative	of a member			
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Filing Fee: \$25.00