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2022 MAR 11 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FL

3/21/2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Katie Nicole 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:

Katerina Srigos  
Name of Person

Whole Pet Veterinary Hospital  
Firm/Company

1029 Sarno Road  
Address

Melbourne, FL 32935  
City/State and Zip Code

wholepawhospital@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katerina Srigos at (312) 661-2831  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

FILED

Katie Nicole LLC

2022 MAR 11 PM 3:47

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/05/2021 and assigned  
Florida document number L21000157811.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Katerina Michael LLC

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)

1029 Sarno road

Melbourne, FL, 32935

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1029 Sarno road

Melbourne, FL, 32935

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:

Katerina Svigos

New Registered Office Address:

1029 Sarno road, Melbourne, FL 32935

Enter Florida street address

Melbourne

City

Florida 32935

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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: 03/25/2022 (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.

Dated 03/08/22, \_\_\_\_\_

Frank

Signature of a member or authorized representative of a member

Katerina Srigos  
Typed or printed name of s

Typed or printed name of signee