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#### **COVER LETTER**

TO:	Registration Section Division of Corporations		,
SUBJE		Bead C LLC of Limited Liability Company	
The en	closed Articles of Amendment and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Alison Schwanz Name of Person		
	·	Firm/Company	
	4238	3 SW Ragen	Street
	Port	Saint Lucie F	FL 34953
	Thepe E-mail ac	City/State and Zip Code etbnb23@gm idress: (to be used for future annual report	ail.com
For fur	ther information concerning this matter, p	olease call:	
	Alison Schwar		115-5351 ytime Telephone Number
Enclose	ed is a check for the following amount:		
<b>X</b> \$2	5.00 Filing Fee S30.00 Filing Fee Certificate of St		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Section Division of Comparations	Street Addres Registration	

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

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**

23 NU 14 PH 12 39 (Name of the Limited

The Articles of Organization for this Limited Liability Company were filed on \_\_\_

04/23/2021

This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The Pet B&B LL	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4238 SW Ragen Street
(Principal office address MUST BE A STREET ADDRESS)	Port Saint Lucie FL 34953
Enter new mailing address, if applicable:	4238 SW Ragen Street
(Mailing address MAY BE A POST OFFICE BOX)	Port Saint Lucie FL 34953
agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent:	
	Enter Florida street address
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	
Name of New Registered Agent:	

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>	Name	Address	Type of Action
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Note:	ve date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	
	Signature of a member of authorized representative of a member
	Alison Schwanz  Typed or printed name of signee

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