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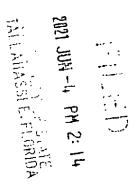
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COVER LETTER

Division of Cor			
SUBJECT:		member, LLC	
bobjeci.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jill A Scott		
		Name of Person	<u> </u>
	Paws to Remember, LLC		
		Firm/Company	
	17710 Litten Drive		2
		Address	
	Boca Raton FL 33498		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	Bocajas@aol.com	to be used for future annual report notif	
For further information c	oncerning this matter, please of	•	ication)
Jill A Scott		561 212-6415	
Name o	f Person		: Telephone Number
Enclosed is a check for the	ne following amount:	•	
S25.00 Filing Fee	国 \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Malling 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

Paws to Remember, LLC		
(Name of the Umited L.	ability Company as it now appears on our record orida Limited Liability Company)	<u>l.</u>)
The Articles of Organization for this Limited Liabili	ty Company were filed on May 5, 2021	and assigned
Florida document number		-1 25
This amendment is submitted to amend the following	g:	2021 JUH -1
A. If amending name, enter the new name of the	limited liability company here:	#-4 H-4
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC	The second secon
Enter new principal offices address, if applicable:		2: 1
(Principal office address MUST BE A STREET AL		
Enter new mailing address, If applicable: [Mailing address MAX BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address her		the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	r
	, Flo	orida
	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
MBR	Ryan E. Goessel	3156 SE mimosa Street	
		Stuart, Florida 34997	□Remove
			
			□ Remove
			DRemove
		-	□Add
			□Remove
			Change
			DbbA
			Remove
			Change
		·	DAdd
			□Remove
			Change

Effective date, if other than the date of filing: May 31, 2021 (opt (If an effective date is listed, the date must be specified and cannot be prior to date of filing or more than 90 days afte Note; If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (ord is filed. Dated May 31, 2021	
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Dated May 31, 2021	ional) er filing.) Pursuant to 605.020 is date will not be listed a:
O.C.Sutt	
(Collins ,	
Signature of a member or authorized representative of a member	
Jill A Scott	