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Y. SCOTT APR 1 8 2022

COVER LETTER

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TO: Registration So Division of Co			
Muddy Pav	vs And Claws LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Paine of Lini	neu manney Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Betty Leone		
		Name of Person	
	Muddy Paws and Claws L	I.C	2022 SEC 74
		Firm/Company	E A T
	7 Balata Ct		2022 HAR 31 SECRETIARY TALLAHAS
		Address	M & SH
	Homosassa, FL 34446		PM 3: 09 OF STATE SEE, FL
	Muddypawsandclaws@yah	City/State and Zip Code coc.com	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Betty Leone		860 877-0800	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
	-	Files on the rese	□ #40.00 EH= = E==
□ \$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 Addre		Street Address:	.*
Registration Division of O		Registration Se Division of Co	
P.O. Box 63:	•	The Centre of	-
Tallahassee,			pe Street, Suite 810
		Tallahassee, FI	. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa- Florida document number	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Muddy Paws And Claws LLC		40
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		S 2 ω
Enter new mailing address, if applicable:		PH 3: 09
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ee address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	and the state of the state of	
	, Floric	laZip Code

New Registered Agent's Signature, if changing Registered Agent:

Sparkle By Betty LLC

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

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
	<u> </u>		
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Tective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to dat ote: If the date inserted in this block does not meet the applicable s	e of filing or more than 90 days after filing.) Pursuant to 605,020 statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's records.	, , ,
record specifies a delayed effective date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
03/25/2025	
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Defru	representative of a member