## 121000463 485

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2022 AUG 12 PM 5: 50 SECRETARY OF STATE TALLAHASSEE, FI

## **COVER LETTER**

TO: Registration Division of C					
SUBJECT:	Pet Good S	co LLC	•		
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		manuele Cardaci			
		Name of Person			
		Firm/Company			
	/137	4 Majestic Aeres	Ter		
		Address			
	Boynto	On Beach FL 334' City/State and Zip Code	73		
	E-mail address: (	cardaci 43 @ gwail. to be used for future annual report	com		
For further informatio	n concerning this matter, please c				
Ewar	e of Person	at ( <u>561</u> ) <u>6</u> 9	54-8923		
Nam	e of Person	Area Code Da	aytime Telephone Number		
Enclosed is a check for	or 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)		
<u>Mailing Add</u> Registratio		Street Addres Registration			
Registration Section Division of Corporations		. Division of	Corporations		
P.O. Box 6			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
i allahasse	e, FL 32314	2413 IN. IVIC	mioe succi, suite oiv		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pe	+ 600d Sco	LLC				
(Name of the Limite	d Liability Company A Florida Limited Lial	as it now appears on our r bility Company)	ecords.)			
The Articles of Organization for this Limited Lia Florida document number <u>L21000463</u> . This amendment is submitted to amend the followard. If amending name, enter the new name of	485 . wing:		5-21	and assigned		
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designation	"LLC" or the ab	breviation "L.L.C."	_	
Enter new principal offices address, if applica	ble:	7750 OKe	echobee í	31vd.#4-96	1	
(Principal office address MUST BE A STREET	(ADDRESS)	West falm Beach FL 33411				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	30X)	same a	s above	262 SE	<del>-</del> -	
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:		enter the nam	2 AUPROIS CREENWY OF TALLEHASSE	stere	
Name of New Registered Agent:	JOhn_	Carlo Bagatta		က်တ် ဟ	<u></u>	
New Registered Office Address:		VI a Bolzano Enter Florida street d	address	50 TATE FL	<del></del>	
	Lake	Worth	_, Florida	33467		
		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 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>	<u>Address</u>	Type of Action
MGR	Brett Benik	12413 Equine Lane	□Add
		12413 Equine Lane Wellington, FL 33411	<b>⊠</b> Remove
			□Change
MER	B.J. Benik	12413 Équine Lane	<b>∡</b> Add
		wellington, FL 33411	□Remove
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
<del></del>			□ Add
			□ Remove
			∏Change

Effective date, if other than the date of filing:							
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