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COVER LETTER

ΓO:	Registration Secti Division of Corpo				
211D 15	CT.	Ma Pets D.	elisht LLC		
SUBJE	CCT:	Name of Limi	elight LLC ted Liability Company		
		nendment and fee(s) are subtence concerning this matter to			
			manuele Cardao Name of Person	a`	
		·····	Firm/Company	44 <u>1.</u>	
		1137	4 Majestic Acm	es Ter	
		Вду	nton Beach FL City/State and Zip Code	33473	
			City/State and Zip Code AC 43 @ gmail. to be used for future annual		
For fur	ther information con	cerning this matter, please ca	all:		
	Emany Name of P	ele Cardaci erson	at (5 61) Area Code	654-8923 Daytime Telepho	one Number
Enclos	ed is a check for the	following amount:			
r≯\$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FI	ection rporations	Divisio The Ce 2415 N	ddress: ation Section n of Corporation ntre of Tallaha . Monroe Stree ssee, FL 32303	ssee et, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

My Pets Delight LLC				_	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)			
The Articles of Organization for this Limited Liability Company w	ere filed on	10-25-2	(and a	assigne	d
Florida document number <u>L21000463546</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company her	ē:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the des	signation "LLC" or the	he abbreviation	"L.L.C."	,
Enter new principal offices address, if applicable:		O Via Bolza		_	
(Principal office address MUST BE A STREET ADDRESS)	Lak	e Worth FL	33467		
Enter new mailing address, if applicable:	8170	Via Bolzar	1 <i>0</i>		
(Mailing address MAY BE A POST OFFICE BOX)	Lake	Worth FL	33467		
			SECR TAL	2022 A	** **
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our re	cords, <u>enter the</u>	name of the	uem:Lei	gistered
agent and/or the new registered office address here:			AS R	2	-
			HASSEE,	7] [[
Name of New Registered Agent:	······································		FL	د دن	
New Registered Office Address:	Enter Florid	da street address		ڡ	
			•		
	City	, Florida	zip Co	de	
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
			□Add
			□Remove
			□Change
	, <u>2004 </u>		□Add
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Iffective date, if other than the date of filing: 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.) Pursua Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not locument's effective date on the Department of State's records.	ant to 605.0207 ot be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d is filed.	day after the
Dated 8-8 , 2022 .	
Signature of a member or authorized representative of a member	
Signature of a member of audiorized representative of a nember	
Emanuele Cardaci Typed or printed name of signee	