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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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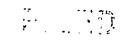
### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 101 Touched Paws LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jayda Bell Name of Person
101 Touched Paws LLC
122 East Main Street #135
Lakeland, FL 33801
City/State and Zip Code  101 Touched Paus Danal. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jayola Bell at (718) (ele9-1491  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing 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



101_ Touched Pauls LLC 2023 MAR 29 AM 10:02
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  (ALL) Society Elements of the Limited Liability Company)
Material Julian E
The Articles of Organization for this Limited Liability Company were filed on
Florida document number $L22000062355$ .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability 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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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>	Address	Type of Action
AMBR	Tinesha Walker	122 E Main St. #135	toAdd
		Lakeland, F1, 33801	□Remove
			□Change
AMBR	Jayda Bell	122 E Main St. #135 Lakeland, Fl, 33801	🗆 Add
	·	Lakeland, Fl, 33801	□Remove
			CYChange
			□Add
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e record specifi rd is filed.	es a delayed effectiv	ve date, but not	an effective ti	me, at 12:01 a.r	n. on the earlier	of: (b) The 90	Oth day after the
Dated			. σ				
		. 1/1	<i>X</i> •				
		1///	X		ive of a member		

Filing Fee: \$25.00