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TO:

cup (EC)			,	
SUBJECT	ı;		ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		YADELKIS CRUZ		
			Name of Person	
Division of Corporations PET EMPORIUM 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: YADELKIS CRUZ Name of Person PET EMPORIUM LLC Firm/Company 17110 RESERVE CT Address SOUTHWEST RANCHES FL 33331 City/State and Zip Code YADELKIS@MSN.COM E-mail address: (to be used for future annual rej For further information concerning this matter, please call: YADELKIS CRUZ Name of Person For further information concerning this matter, please call: YADELKIS CRUZ Name of Person Enclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2415 N. N.				
		PET EMPORIUM LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: YADELKIS CRUZ Name of Person PET EMPORIUM LLC Firm/Company 17110 RESERVE CT Address SOUTHWEST RANCHES FL 33331 City/State and Zip Code YADELKIS@MSN.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: S CRUZ Name of Person Area Code Area Code Daytime Telephone Number a check for the following amount: Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Street Address: gistration Section Vision of Corporations O. Box 6327 Fire Centre of Tallahassee		
	PET EMPORIUM LLC Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: YADELKIS CRUZ Name of Person PET EMPORIUM LLC Firm/Company 17110 RESERVE CT Address SOUTHWEST RANCHES FL 33331 City/State and Zip Code YADELKIS@MSN.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: S CRUZ Name of Person Area Code 1 Solo.00 Filing Fee & Solo.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Egistration Section Division of Corporations O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
			Address S. F. 1. 33331 City/State and Zip Code (to be used for future annual report notification) call: 1. Table 1. Table 2. Table 3. Security 3.	
	PET EMPORIUM LLC Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: YADELKIS CRUZ Name of Person PET EMPORIUM LLC Firm/Company 17110 RESERVE CT Address SOUTHWEST RANCHES FL 33331 City/State and Zip Code YADELKIS@MSN.COM E-mail address: (to be used for future annual report notification) or information concerning this matter, please call: KIS CRUZ Name of Person Area Code 1 Daytime Telephone Number S55.00 Filing Fee & Cortificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
			Address THWEST RANCHES FL. 33331 City/State and Zip Code ELKIS@MSN.COM E-mail address: (to be used for future annual report notification) g this matter, please call: 1386 Area Code 1395.00 Filing Fee & Certificate of Status & Certificate	
SUBJECT: PET EMPORIUM LLC				
For further	r information ce	oncerning this matter, please co	all:	
YADELK	IS CRUZ		, , , , ,	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for th	e following amount:		
₩ \$25.00	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
F F	Registration S Division of C P.O. Box 632	Section orporations 7	Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PET EMPORIUM LLC				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liab	ility Company	were filed on 02/21/2022	and assigned	
Florida document number L22000095021	·			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited <u>liab</u>	oility company here:		
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicab	le:	290 INDIAN TRACE		
(Principal office address MUST BE A STREET	ADDRESS)	WESTON FL 33326	2022 SEC	
			2 AJG - I CRETAR FALLAH/	Onemet,
Enter new mailing address, if applicable:		17110 RESERVE CT		1
(Mailing address MAY BE A POST OFFICE BOX)		SOUTHWEST RANCHES FL 33331		
		2001HWEST KANCHES PL 33331	FF 32	
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:		address on our records, enter the na	• •	<u>stered</u>
Name of New Registered Agent.	290 INDIAN T	TD A CIT		
New Registered Office Address:		Enter Florida street address		
	WESTON	, Florida ³	3326	
		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
AMBR	RANDY DOMINGUEZ	17110 RESERVE CT	= Add
		SOUTHWEST RANCHES FL 33331	□Remove
			□Change
MGR	YADELKIS CRUZ	17110 RESERVE CT	
		SOUTHWEST RANCHES FL 33331	□ Remove
MGR	JUAN CRUZ	17110 RESERVE CT	
		SOUTHWEST RANCHES FL 33331	□Remove
			Change
			□Add
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	02/21/2022			
ective date, if other than the date must be	ate of filing:	to date of filing or more tha	(optional) in 90 days after filing.) Pursuant to (605.0207
te: If the date inserted in this bloc cument's effective date on the Dep	k does not meet the applica	ble statutory filing requ	irements, this date will not be l	isted as
cument's effective date on the peps	attition of State 3 records.			
ecord specifies a delayed effective of	late, but not an effective ti	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day a	fter the
is filed.				
ии у 25	2022			
ted JULY 25	, ====	<u> </u>		
(July	1			
Si	gnature of a member or author	rized representative of a n	nember	
YADELKIS CRUZ				
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