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1022 MAY 17 AM 8: 22 Secretary of State COVERCETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Adriana's Pe	Supplies LLC	•	•	•	
<u>-</u>		Name of Lim	nited Liability Company			
The enclosed	Articles of Ame	ndment and fee(s) are sub	mitted for filing.			
Please return a	ıll corresponden	ce concerning this matter	to the following:			
		Adrian	a Diaz Fernandez			
Name of Person						
Adriana's Pet Supplies LLC						
	-		Firm/Company			
		4537 Malik Cresce	nt			
	_	Address				
		Lockhart FI	32810			
	_		City/State and Zip Coo	de		
		roxanadelacaridadi	fernandez11@gmail;.co	ากา		
		E-mail address: (to be used for future annu	ial report notifica	ation)	
For further inf	ormation concer	ning this matter, please c	all:			
Adriar	na Diaz Fernando	rz	689 at () _	867-0211		
	Name of Pers	on	Area Code	Daytime T	elephone Number	
Enclosed is a o	check for the fol	lowing amount:				
□ \$25.00 Fi	ling Fee 🗆	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fe Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	
Regi Divi P.O.	ing Address: istration Secti sion of Corpo Box 6327	rations	Regis Divis The C	Address: tration Secti ion of Corpo Centre of Tal	orations lahassee	
Talla	ahassee, FL 3	2314	2415	N. Monroe S	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 17 AM 8 Adriana's Pet Sullies LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF S TALLAHASSEE. The Articles of Organization for this Limited Liability Company were filed on ___ and assigned Florida document number L22000 170153 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Adriana's Pet Supplies LLC 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Ĉitv

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Remove
			□ Change
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	portive data, but not an affective time, at 12:01	a.m. on the earlier of: (b) The 90th day after	r the
	etive date, but not an effective time, at 12.01		
l is filed.			
record specifies a delayed effe I is filed. May 16 ated			