L25000220627

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2025 MAY 16 PM 2:07

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5-14-25

Pet Paradise | newday VETERINARY CARE

Lauren E. Busey
Assistant General Counsel
AMERICAN PET RESORT, LLC
1551 Atlantic Blvd., Suite 200
Jacksonville, Florida 32207
Main: 904.363.3330
Direct: 904.328.7183
lbusey@petparadise.com
www.petparadise.com

May 14, 2025

VIA FEDERAL EXPRESS

Registration Section
The Centre of Tallahassee
2415 Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Articles of Amendment to Articles of Organization of Pet Paradise-Cape Coral, LLC

Ladies and Gentlemen:

Enclosed please find the Cover Letter, Articles of Amendment to Articles of Organization of Pet Paradise-Cape Coral, LLC, and Check No. 7449 to pay the Filing Fee for the name change from Pet Paradise-Cape Coral, LLC to Pet Paradise-Avalon, LLC.

Should you have any questions or concerns, please contact me via email at lbusey@petparadise.com or by telephone at (904) 328-7183.

Sincerely yours,

Lauren Busey

Lauren E. Busey

cc: William L. Joel, Esq.

Enclosure

2025 MAY 16 PM 2:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PET PARADISE-CAPE CORAL, 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:

WILLIAM L. JOEL, ESQ.
Name of Person

AMERICAN PET RESORT, LLC
Firm Company

JACKSONVILLE, FLORIDA 32207
Address

JACKSONVILLE, FLORIDA 32207
City, State and Zip Code

BJOEL@PETPARADISE.COM
E-mail address: (to be used for future annual report notification)

2025 MAY 15 PM 2:07

For further information concerning this matter, please call:

LAUREN E. BUSEY at (904) 328-7183
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for 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)

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

PET PARADISE-CAPE CORAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APRIL 27, 2022 and assigned Florida document number L22000220627.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PET PARADISE-AVALON, 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)

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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

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2025 MAY 15 P1:2:07

E. Effective date, if other than the date of filing: _____ (optional)

(If 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) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 12 . 2025 .

William L. Joel

Signature of a member or authorized representative of a member

WILLIAM L. JOEL, ESQ.

Typed or printed name of signee

Filing Fee: $25.00