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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

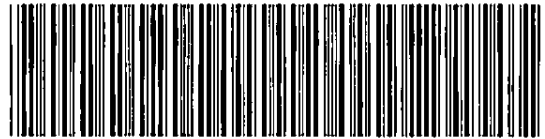
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2025 MAY 16 PM 2:07  
STATE OF TEXAS  
FALL COUNTY CLERK'S OFFICE

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**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](mailto:lbusey@petparadise.com)  
[www.petparadise.com](http://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](mailto:lbusey@petparadise.com) or by telephone at (904) 328-7183.

Sincerely yours,

Lauren E. Busey

cc: William L. Joel, Esq.

Enclosure

2025 MAY 16 PM 2:07  
TALLA

## 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)

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

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RECEIVED

**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)

**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**

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>                   |
|--------------|-------------|----------------|-----------------------------------------|
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2025 MAY 16 PM 2:07  
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FALL

(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)

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.

Will L. Joel  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**