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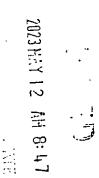
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SÚBJECT: Pupstr Pet Ser Name of Limited I	Liability Company
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to th	e following:
Anneke Van Pupstr Pe	Name of Person + Services
108 1bis C	Address
AnkevanTo	ty/State and Zip Code a gmail. Com used for John a proper notification)
For further information concerning this matter, please call:	
Anneke Vanderlouw Name of Person	at (386) 451.7046 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status Serificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	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**



Pupatr Pet	Service	es LLC	2023 HAY 12 AM 8: 47
(Name of the Limi	ted Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	Correction III
The Articles of Organization for this Limited L Florida document numberL22000280558	iability Compar	200	20/2022 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name ϵ	-		
The new name must be distinguishable and contain the	words "Limited Lia		ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NIA	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>`BOX)</u>	NIA	
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our recor	ds, enter the name of the new regis
Name of New Registered Agent:	<u>''' FI</u>		
New Registered Office Address:		Enter Florida s	reet address
			, Florida Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Ager	<u>ıt:</u>	
I hereby accept the appointment as register			

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 <u>Address</u> Type of Action 717 Sea Duck Dr Dayton Beach FL 32119 Kremove Sonja Bucy □ Change □Adđ ☐Remove _____ Change ____ □Add _____ □Remove □ Remove ____ Change □Remove _____ □Change ____ □Remove

_____ □Change

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an effective date is l ote: If the date in	other than the dat isted, the date must be a asserted in this block we date on the Depar	specific and cannot be does not meet the ap	prior to date of fi oplicable statute	ling or more the	(option of the contract of the	onal) filing.) Pursuant to 605. date will not be liste	.0207 ed as
record specifies a is filed.	delayed effective da	te, but not an effecti	ve time, at 12:0	l a.m. on th	e earlier of: (b'	The 90th day after	the
ated Apri	114 med Vana	20	23.				
•	1 1/2						
M	mele 19	nature of a number or	authorized repre	sentative of a	member		

Filing Fee: \$25.00