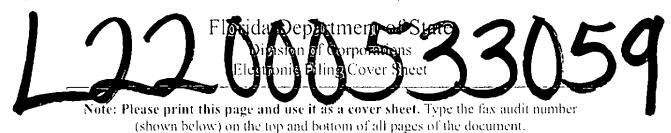
3/26/24, 9:26 AM

Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : TIMELINE BUSINESS CENTER LLC Account Number : 120150000034 : (239)344-7417 Fax Number : (888)344-7262

\*\*Inter the email address for this business entity to be used for future \*\*Inter the email address for this business entity to be used for the second annual report mailings. Enter only one email address please.\*\*

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JONI PET DENTAL CARE AND BOUTIQUE LLC

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Estimated Charge	\$25.00

M. SOLOMON

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Electronic Filing Menu

Corporate Filing Menu

Help

## 03/26/2024 07:21 AM

company has been notified in writing of this change.

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ou liability Company)	Ir records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12/19/201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
JONI PET ACADEMY LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7024 I. ÷R
Enter new mailing address, if applicable:	***********	<u>, , , , , , , , , , , , , , , , , , , </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		0.00
		0
B. If amending the registered agent and/or registered office a	iddress on our records	s, 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:	0 81 1	
	Enter Florida stro	ei address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ce to act in this capac	ity. I further agree to comply with th
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as j	performance of my di provided for in Chapte	ities, and Lam familiar with and
accept the opingations of my position as registered agent as f being filed to merely reflect a change in the registered office	normed for in Unaple address, I hereby con	firm that the limited Hability

If Changing Registered Agent, Signature of New Registered Agent

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TO:18506176383 FROM:8883447262

Page: 4

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	<u>Name</u>	Address	Type of Action
			□Remove
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			□Change

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E. Effective date, if other than the date of filing:  (the effective date is based, the date must be specific and cannot be more to date of filing or more than 90 days after filing a Pursuant to 605.0207 (3)(b).  Note: If the date inserted in this block more not meet the applicable statutory filing requirements, this date will not be listed as the more 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 fib). The 90(h) day after the record is filed.  Dated  March 10, 2024  March 10, 2024	_		
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