(((H230000435293)))



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Division of Componations

Fait Number : (859)617-6383

From:

Account Name : ROBERTS LAW, PLLC Account Number : 120220000038 Phone : (941)402-3831 : (941)296-8517 Fax Number

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

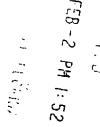
Email Address: kelly@kellyncoentslaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLAIRE'S CHERISHED PET CARE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLAIRE'S CHERISHED PET CARE, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lii	oninany as if now appears on our records.) mucd Liability (company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L23000043151</u> .	apany were filed on <u>1/23/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	Hiability company here:	
Yappy Hour Pet Care, LLC		
Fire new name most be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbteviation (L.L.C.)
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent New Registered Office Address:		me of the new register 2023 FEB - 2
	Unter Florida streat andress	PH
	Florida	
	Citi	/10 Cuk

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 jurther 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. Thereby confirm that the limited liability campany has been notified in writing of this change.

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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
			□Ada
			Fixemove
			IChange
			FiRemove
]Change
•			IJAdd
			ERemove
			71Change
		DAdd	
		ERemove	
			TiChange
			TiAdd
			LIRemove
			DChange
		والمراجع المراجع المرا	
		**************************************	- Elkemove
			TChmos

D. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
 	
<u> </u>	
APT - 1-44 - 1-4	
	
E. Effective date, if other than t (If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 block does not meet the applicable statutory filing requirements, this date will not be listed as
If the record specifies a delayed effect record is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated January 30	2023
May	Signature of a member or authorized representative of a member
Claire Osborne	or Source of a memory of grantotysed teleschiffing of a Mellipel

Typed or printed name of signee