

L230002731782

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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Account Name : CG TAX, INC.
Account Number : I19990000017
Phone : (305)485-9300
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PICI EVERYTHING FOR PET LLC

Certificate of Status	0
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2023 AUG -7 AM 11:01

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG -7 PM 1:17

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PICHI EVERYTHING FOR PET 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 01/27/2023 and assigned Florida document number L23000051782.

This amendment is submitted to amend the following:

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

N/A

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:

24625 SW 177TH AVE

(Principal office address MUST BE A STREET ADDRESS)

HOMESTEAD, FL 33031

Enter new mailing address, if applicable:

24625 SW 177TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

HOMESTEAD, FL 33031

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:

24625 SW 177TH AVE

Enter Florida street address

HOMESTEAD

City

Florida

33031

Zip Code

2023
1-27
P
-7
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1-17

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

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

N/A

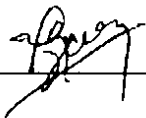
E. Effective date, if other than the date of filing: _____ (optional)

(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 AUGUST 07 , 2023



Signature of a member or authorized representative of a member

YASNIEL, DOMINGUEZ

Typed or printed name of signee