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(R	equestor's Name))
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration S Division of Co			
SUBJEC	Pets Techy			
SUBJEA	C1:		ed Liability Company	
The encl	losed Articles of	f Amendment and fee(s) are subm	nitted for filing.	
Please re	eturn all corresp	ondence concerning this matter to	the following:	
		Annette Hoffstatter		
			Name of Person	
		Pets Techy LLC		
			Firm/Company	
		3648 Stokes Drive		
			Address	
		Sarasota, FL 34232		
			City/State and Zip Code	_ _
		petstechy1@gmail.com	be used for future annual report not	ification)
For furt	her information	concerning this matter, please ca		
Annette	Hoffstatter		941 302-1169 at ()	
	Name	of Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for	the following amount:		
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addr Registration		<u>Street Address:</u> Registration So	ection
	Division of	Corporations	Division of Co	orporations
	P.O. Box 63	327	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pets Techy LLC	7822 MAY OF THE
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records:
	mpany were filed on May 15, 2023 and assigned
rida document number 1.23000238954	
s amendment is submitted to amend the following:	
If amending name, enter the new name of the limite	ed liability company here:
new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	
incipal office address MUST BE A STREET ADDRE	<u> </u>
nter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX)	
	A Ala many manieti
If amending the registered agent and/or registered ent and/or the new registered office address here:	office address on our records, enter the name of the new registe
the and/of the new registered office address nerv.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	Annette Hoffstatter	3648 Stokes Drive	□Add
		Sarasota, FL 34232	□Remove
			☐ Change
Vp	Aaron Brown	3648 Stokes Drive	■Add
		Sarasota, FL 34232	Remove
			Change
			□Add
			□Remove
			Change
		□Add	
		□Remove	
			Change
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fan effi <u>Sote:</u>	ve date, if other than the date of filing: (optional) (optional)
e record rd is fil	d 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 ed.
Dated	5/23/23
	Sunds Hollista
	Signature of a member or authorized representative of a member