

L23000265877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/13/23--01031--025 **25.00

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SCOTT COUNTY STATE
TALLAHASSEE, FL

KH
11/27/23

TO: Registration Section
Division of Corporations
FUNNY PETS LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SERGIO MATTIG

Name of Person

SEMA INVESTMENTS LLC

Firm/Company

18802 SW 55TH STREET

Address

MIRAMAR, FL 33029

City/State and Zip Code

KSSMQ@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SERGIO MATTIG

305 2449130

Name of Person at (_____) _____
Area Code Daytime Telephone Number

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TALLAHASSEE, FL

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee &
Certificate of Status | ☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2115 N. Monroe St., Tallahassee, FL 32304

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**ARTICLES OF ORGANIZATION
OF**

FUNNY PETS, 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 06/01/2023 and assigned
Florida document number 1,23000265877.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

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:

Enter Florida street address

Florida

City

Zip Code

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.

OF MEMBERS FROM OUR RECORDS.

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MEMB	PEREZ DUARTE, HECTOR A	C RIO NAZAS 31 DEP 308 CD MEXICO, CD 06500 ME	☐ Add
			☒ Remove
			☐ Change
MEMB	RODRIGUEZ FRAIZ, ANTULIO D	C RIO NAZAS 31 DEP 308 CD MEXICO, CD 06500 ME	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

SEC. OF STATE
TALLAHASSEE, FL
2025 NOV 13 PM 1:28
Change
Add
Remove

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

MEMBERS LLC PATICIPATION NOW IS AS FOLLOWS:

MEMBER.- GUERRA REYNA GRACIELA  NINETY NINE PERCENT 99% 

AMBR.- VIGNALI AVENDAÑO, ANA E.  ONE PERCENT 1% 

ALL MEMBERS AND /OR AUTHORIZED MEMBERS HAS INDIVIDUALLY OR COLLECTIVELY THE RE

ALL MEMBERS CAN OPEN BY IT SELF BANKS ACCOUNTS WITH THEIR SINGLE SIGNATURE.

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SEC. OF STATE
TALLAHASSEE FL

FILED

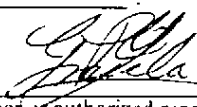
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 OCTOBER 25, 2023



Signature of a member or authorized representative of a member

GRACIELA GUERRA REYNA

Typed or printed name of signee