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(F	Requestor's Name)	
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(0	Dity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
	Business Entity Name)	
·	,	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	

Office Use Only



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COVER LETTER

10:	Division of Cor		¥ 73 .		, •	
		nd Pet Sitters LLC				
SUBJE	СТ:	Name of Lim	ited Liability Company			
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing			
		ndence concerning this matter				
	·	Lee Ann Gomez				
			Name of Person			
		Noaa's Neighbors Pet Sittir				
			Firm/Company			
		95141 Windflower Trail			20	<u></u>
			Address	·	123 A	
		Fernandina Beach, FL			G) (1)
			City/State and Zip Code		8	
		32034			PH	ESP CK
			to be used for future annual report i	notification)	1:2	83
For furt	ther information co	oncerning this matter, please ca	all:		0	<u>}</u>
Lee An	n Gomez		904 335-1515 at ()			
	Name of	f Person	Area Code Day	time Telephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	Mailing Addres	<u>s:</u>	Street Address	i		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amelia Island Pet Sitters LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>07/19/2023</u>	and assigned
Florida document number L23000341645		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Noaa's Neighbors Pet Sitting Services, L.L.C.		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_
• • •		—————————————————————————————————————
(Principal office address MUST BE A STREET ADDRESS)		Sion Sion Sion Sion Sion Sion Sion Sion
		- 2 0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2 × × ×
		
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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.

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
		<u>. </u>	OChange
			□Add
			□Remover
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SECRETARY OF STATE

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August 16. 2023	h day after th
Signature of a member or authorized representance of a member	
Signature of a memori of authorized representance of a member	

Filing Fee: \$25.00