LZ3000349827

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PICK-UP WAIT MAIL			
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08/24/23--01006--011 **25.00

2023 AUG 24 AM 9: 36



COVER LETTER

Division of Corporations
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:
Vanessa Cruz
Naples Det Care LLC Firm/Company
3430 18 ave NF
Naples Pet Care IIC @ gmail. Com E-mail address: (to be 1 Set for furnir apposit report notification)
For further information concerning this matter, please call:
Vanessa Cvz at (239) 214 - 0074 Name of Person Area Code Daytime Telephone Number
Exclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\text{Certified Copy} \text{(additional copy is enclosed)}\$\$ Certified Copy tadditional copy is enclosed
Mailing Address: Registration Section Street Address: Registration Section

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

Nanies Pet Care	LLC
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compared Florida document number <u>L2300034987</u>	by were filed on $7/24/2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	3420 18 ave NE Naples FL 34120.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED 1033 AUG 24 AH 9: 104 ANSSEELF
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	re address on our records, enter the name of the new registere
Name of New Registered Agent: Val New Registered Office Address: 3420	JESSO Cruz
No	Enter Florida street address APICO City Enter Florida 34120 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Vanessa Cruz	3420 18 ave Ne	i\Add
		Napes FL 34120	□Remove
			□Change
			□Add
			□Remove
			🖺 Change
			🗀 Add
			□Remove
			[] Change
			🗆 Add
			Remove
			□Change
			□Add
		April 1997 - April	□Remove
			□Change
			🗀 Add
		<u> </u>	□Remove
			□Change

Effective date, if other than the date of filing:			
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Filing Fee: \$25.00