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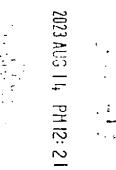
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COVER LETTER

	Registration Section Division of Corporation	ons	<u>;</u> •	•			
SUBJEC	r: <u>Whi</u>	5Ker and Name of Limi	Weigs Pe	+ Serv	ices. L	<u>.</u> C	
		Name of Limi	ted Liability Company				
						. 7.07	3
The encle	osed Articles of Amend	lment and fee(s) are subi	mitted for filing.			3 # Ut	3
Please re	turn all correspondence	concerning this matter (to the following:				_
	•	-				,	-
	_	Pam St	Tubblebir Name of Person	<u> </u>		2023 AUG 1 G FM 12: 21	3
	1	Whisker a	Firm/Company	s, Pets	sery ne	S, LL	- C
	<u> </u>	1003 Pall	adian U	Jay			
		melbou	urne, FL City/State and Zip Coo	- 32900 de	4		
		E-mail address: (i	ehune © C	inail. L	<u>0777</u>		
For furth	er information concern	ing this matter, please co	ıll:				
Par	n Stubb Name of Person	iehine	at (<u>362</u>) Area Code	943 - Daytime Tel	0873		
Enclosed	is a check for the follo	owing amount:					
JS 525.	00 Filing Fee 🔲 S	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy tadditional copy is		\$60.00 Filin Certificate Certified Contact (additional contact)	of Status & opy	
	Mailing Address: Registration Sectio	n		Address: stration Section	n		
	Division of Corpor		•	ion of Corpora			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Whisker and Wags Pet Services, Lic.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	City	Zip (Code	
		Florida		
The Register State Manual.	Enter Florida street address			
New Registered Office Address:				
Name of New Registered Agent:	******			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of th	e new registered	
(Mailing address MAY BE A POST OFFICE BOX)				
Enter new mailing address, if applicable:				
		· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADDRESS)	Melhou	<u>Palladian</u> rne, FL 3	29 CY	
Enter new principal offices address, if applicable:	VANCABOT > a	Pollo-lio		
-	Validation of the second		2	
Whis Kers and Wags Fel The new name must be distinguishable and contain the words Limited Liabil	ty Company," the designation	, CCC.	<u>ਨ੍ਹਾਂ</u> ਅ "L.L.C."	
A. If amending name, enter the new name of the limited liab		1 + 6	P	
This amendment is submitted to amend the following:		· :- · :-	<u>.</u>	
Florida document number <u>L23000363537</u>		. •	d assigned	
The Articles of Organization for this Limited Liability Company	were filed on Aug	3,2073 an	d assigned	

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
			□Add
			Remove
			2. ElChange
			Zchange ☐Change ☐Add
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ffective date, if other the an effective date is listed, the source. If the date inserted is ocument's effective date of	this block does no	ot meet the applical		ore than 90 days al ng requirements, l	lter filing.) Pursu	ant to 605.02 of be listed
record specifies a delayed I is filed.	effective date, but	not an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th	day after th
ated Acces (2	2	<u>2003 3</u>	_·			
	0 0	Ta member or author				

Filing Fee: \$25.00