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# Florida Department of State

Division of Corporations

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ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANDY PAWS OF JAX LLC

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Corporate Filing Menu

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## **COVER LETTER**

From: Rajiv Srivastava

	Registration Se Division of Cor			
A 1 1 4 1 1 1 2 1 1		s of Jan LLC		
SUBJEC	Т:	Name of Lim	ited Liability Company	
The enclo	ised Articles of	Amendment and fee(s) are sub-	mitted for filing	
Please ref	um all correspo	indence concerning this matter	to the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			F(rm/Company	· · · · · · · · · · · · · · · · · · ·
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
			City/State and Zip Code	<del></del>
		gatorzzfan@hoimail com		
		E-mail address. (i	to be used for future annual report not	ilication)
For furthe	n afformation c	oncerning this matter, please or	Ш	
Mike Tox	ודצו		800 773-0888	
•	Name o	í Person	at t)	ne Telephone Number
Englosed	is a check for th	ne following amount:		
	0 Filmg Γee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ux 6327 issec, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2001 Executive C	on mattens

Tallahassee, FL 32301

#### Page: 49 of 52

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sandy Paws of Jax LLC		
(Name of the Limited Liability Compa (A Florida Limited)	my as it now appears on our records Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>1.23000426110</u> .	were filed on <u>09/13/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be disunguishable and contain the words "Limited Liabi	hty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6487 White Blossom Cir	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32258	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	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

To:

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
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e reco The 9	90th day after the record is filed.

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