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COVER LETTER

Po: Registration Section Division of Corporations
SUBJECT: 365 Pet Shop LLC
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:
Youn M. Pamos Marreno
Name of Person
365 Ret Shop
Firm/Company
2515W 65TH ST
Address
Higher FL 33016 City/State and Zip Code
City/State and Zip Code
ramosyoan 1987 @ YAHOO. ES.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Your H. Pamos Harvero at (786) 209-5097 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
© \$25.00 Filing Fee

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 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

365 Pet Shop LIC	2023 SEP 21 PH 5: 12
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	ow appears on our records.) Ompany)
The Articles of Organization for this Limited Liability Company were file	d on $\frac{O9/13/2073}{\text{and assigned}}$
Florida document number <u>L23000427959</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "L.L.C" 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)	
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	on our records, <u>enter the name of the new registered</u>
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 provisions of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	ance of my duties, and I am familiar with and for in Chapter 605, F.S. Or, if this document is

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:

٠.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Youn M. Pamos Marrero	2515 W 65TH ST	<u> </u>
		Halech, FL 33016	□Remove
			Change
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refl <u>te:</u>	ive date, if other than the date of filing: 09 13 2023 (optional) fective 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 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
	rd 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 led.
ed	09/18/2023
	\mathscr{Y}
	Signature of a member or authorized resentative of a member Youn M. Pamos Marvero Typed or printed name of signee

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