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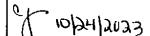


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Office Use Only



COVER LETTER

TO:

Registration Section Division of Corporations

	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YOAN M RAMOS MARI	RERO	
	*	Name of Person	
	365 PET SHOP LLC		
		Firm/Company	·
	6900 W 32 AVE #7		
		Address	
	HIALEAH, FLORIDA 33	018	
	·	City:State and Zip Code	
	RAMOSYOAN1987@YAI		
	E-mail address; (to be used for future annual report noti	ilication)
for further information e	oncerning this matter, please c	all:	
YOAN M RAMOS MA	RRERO	786 2095097	
Name o	f Person	at () Area Code — Daytim	ie Telephone Number
inclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres		Street Address:	ustion
Registration ! Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

2023 007 16 #H 7:58

Zip Code

365 PET SHOP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/13/2023}{1}$ and assigned Florida document number 1,23000427959 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 on our records, enter the name of the new registered

agent and/or the new registered office address here:

	Enter Florida street address	
New Registered Office Address:	Enter Florida street address	—
Name of New Registered Agent:	***	_

City

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>	<u>Name</u>	Address	Type of Action
AMBR	YADIRA FLORES DELGADO	2515 W 65TH ST HIALEAH, FL 33016	🗆 Add
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			■ Change
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			[] [Change
		-	□Remove
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		10/10/2023			
Affective date, if other that fan effective date is listed, the da Note: If the date inserted in the locument's effective date on	his block does not n	4: I cannot be prior to d neet the applicable	late of filing or more the e statutory filing requ	(optional) an 90 days after filing airements, this date	.) Pursuant to 605,0207 (will not be listed as t
record specifies a delayed ef d is filed.	Tective date, but not	an effective time	, at 12:01 a.m. on the	e earlier of: (b) Th	ne 90th day after the
			, at 12:01 a.m. on the	e earlier of: (b) - Th	ne 90th day after the
d is filed.			, at 12:01 a.m. on the	e earlier of: (b) - Th	ne 90th day after the
d is filed.		8:00AM	at 12:01 a.m. on the		ne 90th day after the

Filing Fee: \$25.00