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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WHISKERS AND WET NOSES LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55,00

COVER LETTER

	Corporations		
WITTS SUBJECT:	KERS AND WET NOSES LLC		
	Name of Limited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.		
Please return all corre	spondence concerning this matter to the following:		
	Cheyenne Moseley		
Name of Person			
	Legalzoom.com, Inc.		
Firm/Company			
	101 N Brand Blvd 11th Fl		
	Address		
	Glendale, CA 91203		
	City/State and Zip Code		
	pbusler@whiskersandwetnoses.com		
	E-mail address: (to be used for future annual report notification)		
For further informatic	on concerning this matter, please call:		
Cheyenne Moselcy	. 800 773-0888		
Nan	at () ne of Person		
•			
Enclosed is a check fo	or the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

WHISKERS AND WET NOSES LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE RESIDENCE TO SEE SEE			
(Name of the Limited Liability Compa (A Flonda Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company lorida document number L23000452919	were filed on 10/02/2023	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:		
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."	
inter new principal offices address, if applicable:	800 Belle Terre Pkwy., Ste. 200327		
Principal office address MUST BE A STREET ADDRESS)	Palm Coast, FL 32164		
nter new mailing address, if applicable:	800 Belle Terre Pkwy., Ste. 200327		
Mailing address MAY BE A POST OFFICE BOX)	Palm Coast, FL 32164		
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	ice address on our records, enter	the name of the	
Service agent and or the new registered vittle auditess here	:•	Ţ,	
Name of New Registered Agent:	,		
New Registered Office Address:		7	
-	Enter Florida street address	ယ္	
	, 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 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 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	PAULA J. BUSLER		
		<u> </u>	☐ Remove
		800 Belle Terre Pkwy., Ste. 200327 Palm Coast, FL 32164	
AMBR	HENRY T. BUSLER		
			Add
		-	☐ Remove
•		800 Belle Terre Pkwy., Ste. 200327 Palm Coast, FL 32164	— B Change
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
		·	Add
			C Remove
			Change
			□ Add
			☐ Remove
			Change
		•	
	•		□ Remove
			□ Change

	Page 11 of 21	2023-10-20 11:39:24 PDT	13233890552	From: Mohd A
If amen	ding any other infor	mation, enter change(s) here: (Attach additi	ional sheets, if necessary.)	
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Effective	date, if other than t	he date of filing:	(optional)	
(If an effecti	ive date is listed, the date	must be specific and cannot be prior to date of filing or me block does not meet the applicable statutory filing	nore than 90 days after filing.) Pursuant to 60	5.0207 (3)(b) ted as the
		Department of State's records.	g requirements, this care with not be its	ica as aic
tha		and afficiently a laboral to a second afficient and a second afficie		
) The 90	of specifies a delay Oth day after the r	ved effective date, but not an effective t ecord is filed.	time, at 12:01 a.m. on the earli	er of:
	, ,		•	
Dated	10/04	, <u>2023</u> .		
	Paula	DeadRusler		
		, 2023.  Planture of a member or authorized representative	of a member	
	Paula Jean Busler			
,		Typed or printed name of signee		

To:

· • Page 11 of 21

Page 3 of 3

Filing Fee: \$25.00