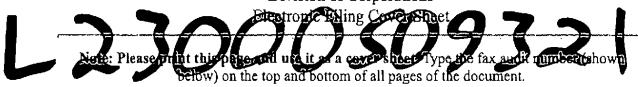
Florida Department of State

Division of Corporations



(((H230004077263)))



H230004077263ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BEST VISION ACCOUNTING

Account Number : 120150000091 Phone : (305)220-9616 Fax Number : (305)220-9617

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAVAKAN PETSPA US, LLC

	<u> </u>
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

S. ROBERTS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAVAKAN PETSPA US, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Compar	ny were filed on 11/09/2023	and assigned
lorida document number L23000509321		•
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ibllity company here:	
AVAKAN PETSPA USA, LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation:"L:L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		2
nter new mailing address, if applicable:		···
Mailing address MAY BE A POST OFFICE BOX)		
·		
i. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new regis
ent anu/or the new registered office address here.		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addres.	<i>s</i>
	O1.	a ut dio
	, £10	orida

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.

Nov. 29. 2029 11:47AM

No. 2007 P. 3

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>	Name	£	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·	_		\ \ \ Add
		_		DRemove
		-	· · · · · · · · · · · · · · · · · · ·	Change
		_		DAdd
		_		DRemove
		_		Change
		-		🗆 Add
		_		□Remove
		_	· · · · · · · · · · · · · · · · · · ·	Change
		_		DAdd
				Remove
		-		Change
	·			
	·	_		Remove
		_		Change
		_	·	□Add
		_		□Remove

	.					-
·	· · · · · · · · · · · · · · · · · · ·	·				
				•		
						
			<u></u>			
						
	·					
	•					
				·		
		*** * * * * * * * * * * * * * * * * *			•	
						
	· · · · ·			•		
- ~						
Effective date, if other than the	date of filing:			(on	tional)	
If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and can ock does not meet	not be prior to d the applicable	ate of filling or mi	ore than 90 days at	ter filing.) Pursuani	
e record specifies a delayed effective	data but not an	offective time	at 12:01 a.m. /	n the earlier of	(h) The Ofth de	av after the
rd is filed.	date, out not an	onconvo milo,	at 12.01 a.m.	if the carrier of.	(b) The Martin	ty attor the
Dated	_ 2	023				
1	edio 6	out the	<u> </u>			
17	~~ ~ u.x.	~~~ , ~	dadpresentative			

Typed or printed name of signee