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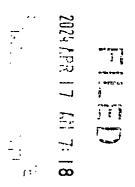
| (Requestor's Name) |
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| (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| oun rectt. | | nest Pets LLC | | |
| SUBJECT | | Name of Lim | ited Liability Company | |
| The enclose | ed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please retur | n all correspo | endence concerning this matter | to the following: | |
| | | Annmaric Ciabatoni | | |
| Name of Person | | | | |
| | | Floridas Finest Pets LLC | | |
| | | · <u></u> | Firn/Company | |
| | | 838 Humphrey Boulevard | | |
| | | | Address | |
| | | Deltona, FL 32738 | | |
| | | | City/State and Zip Code | |
| | | annmarieciabatoni@gmail.c | | |
| | | E-mail address: (| to be used for future annual report notifi- | cation) |
| For further | information c | oncerning this matter, please ca | all: | |
| Annmarie (| Ciabatoni | | 732 735-9523 | |
| | Name o | f Person | | Telephone Number |
| Enclosed is | a check for th | he 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) |
| | niling Addres | | Street Address: Registration Sect | tion |
| D | ivision of C | Corporations | Division of Corp | porations |
| | O. Box 632 allahassee | | The Centre of Ta | illahassee Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

FILED

Floridas Finest Pets 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 January 3, 2024 and assigned Florida document number $\underline{L24000007668}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 838 Humphrey Boulevard Enter new principal offices address, if applicable: Deltona, FL 32738 (Principal office address MUST BE A STREET ADDRESS) 838 Humphrey Boulevard Enter new mailing address, if applicable: Deltona, FL 32738 (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: Name of New Registered Agent: 838 Humphrey Boulevard New Registered Office Address: Enter Florida street address Delttona 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.

nanging 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> | <u>Address</u> | Type of Action |
|--------------|--------------------|--|-----------------|
| AMBR | Annmarie Ciabatoni | 838 Humphrey Boulevard | □Add |
| | | Deltona, FL 32738 | □Remove |
| | | | ⊟ Change |
| AMBR | Krystal Ciabatoni | 838 Humphrey Boulevard | □Add |
| | | Deltona, F1, 32738 | □Remove |
| | | | ■ Change |
| | | | □Add |
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| <u>e:</u> If t | date, if other than the date of filing: |
| cord s _l s filed. | occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ed | April 11 2024 |
| | |
| | Signature of a member or authorized representative of a member |
| | Signature of a memory of authorized representative of a memori |
| | Annmarie Ciabatoni |
| | Typed or printed name of signee |

Filing Fee: \$25.00