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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Limi	ted Liability Company	LC_
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	<u> </u>	Murtash Name of Person	\
	Annies	Petsitting Firm/Company	LLC
	12518 K	nollbrook	<u>L</u>
	- Hud	SOA PL 34 City/Stale and Zip Code	Co 69
	E-mail address: (t	o be used for future annual report notion	ico y choo. Com
For further information e	oncerning this matter, please ca	all:	
Name o	<u>Murtagh</u>	at (<u>585)</u> <u>454</u> Area Code Daytin	5 - 5 5 The Telephone Number
Enclosed is a check for the	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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Annies	, (Petsi.	Hina	LLC	
(Name of the Limit	ted Liability Company a (A Florida Limited Liab	as it now appears on o	ur records.)	
The Articles of Organization for this Limited L. Florida document number <u>L. 240000</u> ;	iability Company we 58282	re filed on	131/2024	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabilit	y company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability (Company," the designa	tion "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applic	able:			. 7
(Principal office address MUST BE A STREE	T ADDRESS)			
	_	=		1,
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE			<u>ာ</u>	
	-			
B. If amending the registered agent and/or ragent and/or the new registered office addre		lress on our record	ls, enter the name of	the new registered
Name of New Registered Agent:	Ana	Maria	e Must	95h
New Registered Office Address:	12518	Koullo Enter Florida str	cock La	
	<u> </u>	d Son	Florida	1669

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
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			🗀 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated