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COVER LETTER

TO: Registration S Division of Co		
Adorable I	Petz LLC	
SUBJECT:	Name of Lin	ited Liability Company
		. 16 60
	Amendment and fee(s) are sub	
Please return all corresp	ondence concerning this matter	to the following:
	Venkateswara P Bollineni	
		Name of Person
	Adorable Petz LLC	
		Firm/Company
	2805 Sail Breeze Way	
		Address
	Kissimmee FL 34743	0.0.17.0.1
	vbollineni@gmail.com, ado	City/State and Zip Code prablepetzllc@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please c	all:
Venky Bollineni		689 777-1918 at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	· , , =
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	nany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and reprovided for in Chapter 605, F.S. Or if this documents
If Cha	anging 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>	Name	Address	Type of Action
Mr	Venkateswara P Bollineni	2805 Sail Breeze Way Kissimmee FL 34744	_ ∃ Add
			_ □Remove
			_ Change
			_ 🗆 Add
			_ 🗆 Remove
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		AHASSEE, FL	DANGE TO A TO
			□ Change

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fective date, if other than the in effective date is listed, the date must	date of filing:			(optional)		
n effective date is listed, the date must ote: If the date inserted in this blo						
cument's effective date on the De	partment of State's r	records.	ry ming requiremen	io, ano date v	ွှင့	26
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cument's effective date on the De	effective date, l	but not an effec	tive time, at 12	:01 a.m. c	n the e	andier o
The 90th day after the reco	ord is filed.				影魚	25
March 21	2024	1			58E	P.
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	Kn	52-			L ATE	+
-	Signature of a member	or authorized repres	entative of a member		• •	_

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