## 124000261057

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

	t Resort, LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Robert Kaleda					
		Name of Person	<del>-,.,</del>			
	B and B Pet Resort, LLC					
		Firm/Company	<del> </del>			
	8348 Teeumseh Circle					
	-	Address				
	Port Charlotte, FL 33981					
		City/State and Zip Code	4 1			
	robkaleda@gmail.com					
	E-mail address: (	to be used for future annual report not	ification)			
For further information c	oncerning this matter, please co	all:				
Robert Kaleda		301 343-3995				
Name of Person		at () Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	ne following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>S60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>			
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Se Division of Co				
P.O. Box 632	=		The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B and B Pet Resort, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records ed Liability Company)	7)
The Articles of Organization for this Limited Liability Compa	nny were filed on 06/07/2024	and assigned
Florida document number L24000261057		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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		
		3
		•
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		5
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	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>	Name	<u>Address</u>	Type of Action
AMBR	Amber Kaleda	8348 Tecumseh Circle, Port Charlotte, FL 33981	🗆 Add
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			□Add
			□Remove
			DChange
			DAdd
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		<del></del>	Change
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197111		e date, but not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after the
117-62	August 14	2024		
Signature of a member or authorized representative of a member		 		
Signature of a member or authorized representative of a member	///	766		
		Signature of a member of authorized	a representative of a member	
	<del></del>	Typed or printed na	ime of signee	<del></del>