P160000 47839

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FLORIDA PET RE	TAILERS, INC.				
DOCUMENT NUMI	BER: P16000047839					
The enclosed Articles	of Amendment and fee are sub	omitted for filing.				
Please return all corres	spondence concerning this mat	ter to the following:				
	ANDREW C. ROHNE					
	<u> </u>	Name of Contact Person				
	THE CENTER FOR FINANCIAL LEGAL AND TAX PLANNING					
	Firm/ Company 4501 W. DEYOUNG ST. STE. 200					
		Address				
	MARION, IL 62959	11001000				
	W//((O)1, 15 02)3)	0'-10				
	City/ State and Zip Code					
	ANDREW@TAXPLANNING.COM					
	E-mail address: (to be us	ed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	e call:	997-3436			
		at (_)			
Name (of Contact Person	Area Coo	le & Daytime Telephone Number			
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee 1. Monroe Street, Suite 810 ssee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FLORIDA PET RETAILERS, INC.	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P16000047839	
(Document Numl	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
PET RETAILERS, INC.	The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "I	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office uddress <u>MUST BE A STREET ADDRESS</u>)	020
C. Enter new mailing address, if applicable:	Section 11
(Mailing address MAY BE A POST OFFICE BOX)	
	Services 1
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent	
(Flori	da street address)
N. B 1000 411	Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the position.
Signature of N	ew Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove Change		- -		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<u></u>	_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· ·	
····	
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
If an amandarant provider for an avale	hanna poolassification or concellation of issued shares
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(у погарунсате, такие мя)	
	<u> </u>

•

The date of each amendment(s date this document was signed.) adoption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	-
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	lder action and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the ame e sufficient for approval.	ndment(s)
, -	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
2/4/202	0	
DatedSignature	in Moren	
(By	a director, president or other officer – if directors or officers have neeted, by an incorporator – if in the hands of a receiver, trustee, or of ointed fiduciary by that fiduciary)	
	LUIS MARQUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	