P17000048096

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	_
☐ PICK-UP ☐ WAIT ☐ MAIL	
(Business Entity Name)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: CLISTOM Pet Inc				
DOCUMENT NUMBER: P17-000048096				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JUAN OCHOA Name of Contact Person				
6946 NW 50th				
Address MIAMI, FL 3311do City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
for further information concerning this matter, please call:				
MARTHA LUZ SUAREZ at (S61) 509 - 4081 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

 ••	•••	-	
			41

CUSTOM PET	INC
(Name of Corporation as	currently filed with the Florida Dept. of State)
P17.000048096	
(Document N	fumber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statu its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
name must be distinguishable and contain the word "corpora" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	The new attion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word in "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	DIA NW 19th St.
	Fort LAUDERDALE, FL33166
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent	
	lorida street address)
New Registered Office Address:	, Florida
. A. Hegisteren Opple Auta Css.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	
Signature o	of New Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.01	

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)

Example:

X Change

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

John Doc

<u>PT</u>

P = President; V= Vice President: T= Treasurer; S= Secretary; D= Director: TR= Trustce; 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.

X Remove	<u>V</u>	Mike Joi	nes	
X Add	<u>SV</u>	Sally Sn	<u>sith</u>	
Type of Action Check One)	<u>Title</u>		Name	<u>Addres</u> s
) Change		_		
Add				- · · · · · · · · · · · · · · · · · · ·
Remove				
2) Change		_		
Add				
Remove 3.) Change				
Add		_		
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l) Change		_		
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δ) Change		_		
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ach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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ovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and
(if not applicable, indicate N/A)	
<u></u>	
	·····

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable:</u> (no more than 90 day)	after amendm ent file d ate)
Note: If the date inserted in this block does not meet the applicable a document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The num by the shareholders was/were sufficient for approval.	per of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders though a must be separately provided for each voting group entitled to vote s	oting groups. The following statement eparately on the amendment(s):
"The number of votes east for the amendment(s) was/were suff	·
by	
(voting group)	
Dated 8/7/27	•
Signature from Military	
(By a director, president or other officer - if selected, by an incorporator - if in the hand appointed fiduciary by that fiduciary)	directors or officers have not been s of a receiver, trustee, or other court
Registered Ao	ent Down Ochoa
Registered	Agent