P18000089529

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SECRETALY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

. .

	NAME OF CORPORATION: Max's Pet Market Inc DOCUMENT NUMBER: P18000089529						
							The enclosed Articles of Amendment and fee are submitted for filing.
	Please return all correspondence concerning this matter to the following:						
		Paul Spalvieri					
	Name of Contact Person						
		Max's Pet Market, Inc.					
		Firm/ Company					
		8399 Olive Brook Dr					
		Address					
		Wesley Chapel, FL 33545					
	с ш	City/ State and Zip Code					
	5: 49 STATE	may@maysnatmarkat.com					
			max@maxspetmarket.com				
	至 5岁	E-mail address: (to be used for future annual report notification)					
1	- S ≥ S = S = S = S = S = S = S = S = S =						
	For further information concerning this matter, please call:						
L.	Paul Spalvien		at (³⁵²) 437-6677			
	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	☐\$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			Address			
		nendment Section	Amendment Section				
		vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee				
		lahassee, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Max's Pet Market, Inc.					
(Name o	f Corporation as curren	itly filed with the Florida I	ept, of State)		
P18000089529			<u> </u>		
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	006, Florida Statutes, th	is Florida Profit Corporatio	n adopts the following	, amendme	nt(s) to
A. If amending name, enter the new na	me of the corporation:				
				The new	
name must be distinguishable and contain "Inc.," or Co" or the designation "Contain "chartered," "professional association," B. Enter new principal office address, (Principal office address MUST BE A STATE OF A STATE OF THE NAME OF THE OFFICE O	orp," "Inc," or "Co", or the abbreviation "P., if applicable: TREET_ADDRESS) cable:	- A professional corporatio	ed" or the abbreviatio in name must contain	TOTAL SECTION OF SERVICE SECTION OF SERVICE SECTION OF SERVICE SERVICE SECTION OF SECTION O	2023 MAY 15 PH 5: 49
D. If amending the registered agent ar new registered agent and/or the new	id/or registered office a v registered office addr	ddress in Florida, enter the	name of the		
Name of New Registered Agent	28838 State Road 54			-	
		(street address)		-	
New Registered Office Address:	Wesley Chapel		, Florida		
100000000000000000000000000000000000000		(City)	(Zip (Code)	
New Registered Agent's Signature, if of I hereby accept the appointment as regis	tered agent I am famili	ent: far with and accept the oblig w Registered Agent, if chang		-	
Check if applicable The amendment(s) is/are being filed p	oursuant 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 = Vicc 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>ec</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		<u> </u>		
Add				
Remove				
2) Change		_		
5 Add Add:		_		
Add: Rémove Change Add		_		
Remove 5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	e of each amendment(s) document was signed.	adoption:, if other than the
	e date <u>if applicable</u> :	
13110001100	таррисане.	(no more than 90 days after amendment file date)
		block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoptio	n of Amendment(s)	(CHECK ONE)
	mendment(s) was/were a n was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
	mendment(s) was/were a e shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
		pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	"The number of votes ca	st for the amendment(s) was/were sufficient for approval
	by	(voting group)
	5/9/2023 Dated	
	Signature	phose of the same
	(By a selec appo	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
. 49	rate Fl	Paul Spalvieri
E S	ابر ایا ایا (ر)	(Typed or printed name of person signing)
****	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DPST
F [EGRETANY OF STATE TALLAHASSEE, FL	(Title of person signing)
52	25	