## 1250000/4942

(Re	equestor's Name)
(Ad	ddress)
(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Cit	ty/State/Zip/Phone #)
(4	·
PICK-UP	WAIT MAIL
(8u	isiness Entity Name)
(Do	ocument Number)
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## **COVER LETTER**

TO: Registration Section Division of Corpo			
	Pedbudd	, LLC	
SUBJECT:	·	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Carol	lina Lukas Name of Person	
	Pec	Abuddy LLC	
		Firm/Company	1
	16520	Del Palacio Cour	+
	Delray	Beach, FL 334	84
	Carolin	Beach, FL 334 City/State and Zip Code na. lukas @ outloo	ik.com
	E-mail address: (	(to be used for future annual report notification	(no
For further information cond			
Carolina	Lukas	1,770, 597 <i>8</i>	980
Name of Po		Area Code Daytime Tele	ephone Number
Enclosed is a check for the t	following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee &	\$55.00 Filing Fee &	☐ \$60,00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy tadditional copy is enclosed)
<u>Mailing Address:</u> Registration Sec	etion	Street Address: Registration Section	1
Division of Cor		Division of Corpora	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tedbuddy	LLC FILED
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 5 0 0 0 1 4</u> 9	y were filed on SECRE 12.02.5 TALLAHASSEE, FL
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial  Petsdance LLC	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	Same (no change)
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	Same (no change)
(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:  Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag.	$\overline{v}$ ree to act in this capacity. I further agree to comply with the
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 provided for in Chapter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Ch

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	Ŧ	etsda	ince	Ll	- C		
an effective lote: If th	date, if other than e date is listed, the da ne date inserted in t s effective date on	te must be specific an his block does not t	d cannot be prior to c meet the applicabl	late of filing or a	nore than 90 days	optional) after filing.) Pursu s, this date will no	ant to 605,0207 of be listed as
record spo l is filed.	ecifies a delayed ef	fective date, but no	t an effective time	, at 12:01 a.m.	on the earlier c	of: (b) The 90th	day after the
ated	January	15 (c	. 2025 rdvol	hoo			
		Signature of a	arolina	ed representativ			

Filing Fee: \$25.00