## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

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# COR AMND/RESTATE/CORRECT OR O/D RESIGN PATITAS PET GROOMING, CORP

| Certificate of Status | 0       |
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### COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORAT               | TON: PATI   | TAS PET GROOMING C   | ORP   |                          |
|--------------------------------|---|--|---|--------------------------|
| DOCUMENT NUMBER                | P:  | 20000034336  |   |                          |
| The enclosed Articles of A     | tmendment and fee are su  | bmitted for filing.  |   |                          |
| Please return all correspon    | idence concerning this ma   | ner to the following:  |   |                          |
|                                | ANI   | DREA'S GOMEZ PALEN   | Cia   |                          |
|                                | Name of Contact Person  |  |   |                          |
|                                | PATITAS PET GROOMING CORP ,   |  |   |                          |
|                                |   | Firm/ Company  |   | <b>262</b>               |
|                                | 9334 W 33RD WAY   |  |   | 2023 AUG 16<br>SECAL AHR |
| Address                        |   |  | ने जि   |                          |
| HIALEAH FL 33018               |   |  | 長 16  |                          |
| City/ State and Zip Code       |   |  | SSE SE  |                          |
|                                | PATTE   | ASPETGROOMING@GN   | IAIL.COM  | EE ST                    |
|                                |   | ed for future annual repor   |   | 平益 🕳                     |
| For further information co     |   | se call: 786   | 612-7758  |                          |
| Name of Co                     | onlact Person   | Area Co  | ode & Daytime Telephone Num   | ber                      |
| Enclosed is a check for the    | following amount made   | payable to the Florida Dep   | artment of State:   |                          |
| S35 Filing Fee                 | ■\$43.75 Filing Fee &<br>Certificate of Status                        | ☐S43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | OS52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                     |                          |
| Amenda<br>Division<br>P.O. Box | Address<br>nent Section<br>of Corporations<br>x 6327<br>sec. FL 32314 | Ameno<br>Division<br>The C<br>2415   | Address Iment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee FL 32303 |                          |

# Articles of Amendment fo

|  | Articles of Incorporation of   | n                               |                                   |             |
|--|--|---------------------------------|-----------------------------------|-------------|
|  | PATITAS PET GROOMING   | CORP                            |                                   |             |
| (Name of Cor   | poration as currently filed wi   | th the Florida Dept. of State)  | <del></del>                       |             |
|  | P20000034336   |                                 |                                   |             |
| (  | Document Number of Corporat  | ion (if known)                  |                                   | <del></del> |
| Pursuant to the provisions of section 607.1006, its Articles of Incorporation:   | Florida Statutes, this <i>Florida P</i>  | rofit Corporation adopts the fo | ollowing amen                     | dment(s) to |
| A. If amending name, enter the new name of   | the corporation:   |                                 |                                   |             |
|  | <del></del>  |                                 | The                               |             |
| name must be distinguishable and contain the we "Inc.," or Co.," or the designation "Corp.," "chartered," "professional association," or the B. Enter new principal office address, if applicable (Principal office address MUST BE A STREE (Mailing address MAY BE A POST OFFICE (Mailing address MAY BE  | "Inc." or "Co". A profession abbreviation "P.A."  licable: TADDRESS \ CE BOX)  egistered office address in Flo | onal corporation name must      | CONTRIBUTION SECRETALLAHASSEE. FL | p. rord     |
| Name of New Registered Agent   |  |                                 |                                   |             |
|  | 9334 W 33RD WAY  |                                 |                                   |             |
|  | (Florida street address)<br>HIALEAH  | ,                               | 33018                             |             |
| New Registered Office Address:   | (City)   | Florida                         | (Zin Code)                        |             |
|  | 11   |                                 | (isy, cone)                       |             |
| New Registered Agent's Signature, if changing the hereby accept the appointment as registered at the appointment at the |  | vept the obligations of the pos | sition.                           |             |
| <del></del>  | Signature of New Registered ,  | Igent, if changing              | <del></del>                       |             |
| 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)

Example:

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 = ChiefExecutive 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 Doc 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 Change                   | <u>PT</u>  | John Doe                |   |
|----------------------------|------------|-------------------------|---|
| X Remove                   | <u>V</u>   | Mike Jones              |   |
| X Add                      | <u>\$V</u> | Sally Smith             |   |
| Type of Action (Check One) | Titje      | <u>Name</u>             | <u>Addres</u> s   |
| 1) Change                  | Р          | JULIO C MARTINEZ        | 9334 W 33RD WAY (S) (B) (HIALEAH FL 33018 (F) (S) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F  |
| Add                        |            |                         | HIALEAH FL 33018  |
| X<br>Remove                |            |                         | H. 6  |
| 2) X Change                | P          | ANDREA S GOMEZ PALENCIA | 9334 W 33RD WAY 800 3   |
| Add                        |            |                         |   |
| Remove 3) Change           | VP         | VANESSA GOMEZ PALENCIA  | 9334 W 33RD WAY   |
| X Add                      |            |                         | HIALEAH FL 33018  |
| Remove                     |            |                         |   |
| 4) Change                  |            |                         |   |
|                            |            |                         |   |
| Remove                     |            |                         |   |
| 5) Change                  | <u></u>    |                         |   |
| Add                        |            |                         |   |
| Remove                     |            |                         |   |
| 6) Change                  |            |                         |   |
| Add                        |            |                         | THE RESERVE ASSESSMENT OF THE PROPERTY OF THE |
| Remove                     |            |                         |   |

| The date of each amendment(s)   | 98/15/2023<br>adoption:  | , if other than the                   |
|---|--|---------------------------------------|
| date this document was signed.  |  |                                       |
| Effective date if applicable:   | 08/15/2023   |                                       |
|   | (no more than 90 days after amendment file date)   |                                       |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this da<br>Department of State's records.  | ite will not be listed as the         |
| Adoption of Amendment(s)  | (CHECK ONE)  |                                       |
| The amendment(s) was/were action was not required.                    | dopted by the incorporators, or board of directors without shareholder action  | on and shareholder                    |
| ☐ The amendment(s) was/were ac<br>by the shareholders was/were        | dopted by the shareholders. The number of votes east for the amendment(sufficient for approval.  | s)                                    |
| The amendment(s) was/were ap  | oproved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):                 | eni                                   |
| "The number of votes cas  | it for the amendment(s) was/were sufficient for approval   |                                       |
| by  |  |                                       |
| ·   | (voting group)   |                                       |
| 08/15/  | 2023   | <i>€</i> ∼                            |
| Dated   |  | <b>823</b>                            |
| Signature   | Anares Gaine: (4) \$15, 1005 13 365 AT   |                                       |
| (By a   | 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 cour | AUG 16                                |
|   | med fiduciary by that (iduciary)   | i i i i i i i i i i i i i i i i i i i |
|   | ANDREA S GOMEZ PALENCIA  | 77 8 D                                |
|   | (Typed or printed name of person signing)  | 79                                    |
|   | PRESIDENT  | -                                     |
|   | (Title of person signing)  |                                       |