109000036885

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opeoid instructions to 1 ming officer.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<i>N</i> C

Office Use Only



100380081151

02/04/22--01010--022 **25.00

2022 FEB -4 AM II - 38

2-21-22

TAS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TOBBY TIME MOBILE GROOMINS) L
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Leonard Burke Sleepin 100GZ LLC	
Firm/Company	
Address	
Vew Bir Fl 32960 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	٦
For further information concerning this matter, please call:	
Name of Person	- } −
Enclosed is a check for the following amount:	
\$25,00 Filing Fee \$\Bigsquare \\$30.00 Filing Fee & \Bigsquare \\$55.00 Filing Fee & \Bigsquare \\$60.00 Filing I Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &
Mulling Addresses	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

(Name of the Limited Liability Compan (A Florida Limited Liability Compan	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>LO90003688</u>	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile Columbia Columbia Columbia	_LC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1005 26th AVL VURD BUH FL 32980.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1005 26th AN 200=
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address:	CNANGLS CNANGLS Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	, Florida
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and vovided for in Chapter 605, F.S. Or, if this document is

Hello, we simply wont If Changing Registered Agent, Signature of New Registered Agent
to change company (No changes)
NAME BACK to our Company WAME CHANGE ONLY

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
M	10 , 5		□Remove
	J My		
			□Add
	margn		□Remove
C. C	Me 12m		
			
		 	
			Change
	·	·	
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
	 		□ Add
			□Remove
			□Change

			_
		, -	_
			_
			_
			_
			_
			_
			_
		192 h	
			_
	\		_
	· · · · · · · · · · · · · · · · · · ·		_
+		1000 (·
	\		`
	\		_
			_
	``	· · · · · · · · · · · · · · · · · · ·	
ctive date, if other than the date	of filing:	or more than 90 days after filing.) Pursuant to 60)5.020
e: If the date inserted in this block de	oes not meet the applicable statutory	filing requirements, this date will not be lis	
ument's effective date on the Departr	nent of state's records.		
ord specifies a delayed effective date	but not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 90th day aft	er the
filed.			
ed			
Signa	iture of a member or authorized represent	ative of a member	
	1 ()		