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2009 JUL (7 PM E: 31
SECRETARY OF STATE
AND ANASSEE, FLORIDA

T. CLINE

JUL 20 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sect Division of Corpo		
SUBJECT:	SHEARERS GROOMING LLC Name of Limited Liability Company	-
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	THOMAS SHEARER Name of Person	_
	CTSINC Firm/Company	<del></del>
	411 SAN FELIX ST	_
	PUNTA GORDA FL 33983  City/State and Zip Code	ZIII9
•	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	TARY OF
For further information con	ncerning this matter, please call:	FILED 2009 JUL 17 PM 12: 3 SECRETARY OF STATE FALL AHASSEE, FLORIT
THOMAS (Name of F	SHEARER at (941) 497 788 & Area Code & Daytime Telephone Num	<u> </u>
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, icate of Status & ied Copy ional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shearers Gro	oning"UC"
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L090000674</u> 37	ere filed on JULY 13 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "A" or the abbreviation
Enter new principal offices address, if applicable:	AAA - F
(Principal office address MUST BE A STREET ADDRESS)	SEY 7 IT
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	FIORIDA
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> Name <u>Address</u> **Type of Action** THOMAS M SHEARER MGR Remove ☐ Add ☐ Remove ☐ Add □ Remove Remove ■Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member HOMAS M SHEARER
Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00