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Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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SECRETARY OF SIM



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tender Loving Pet Massage LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jane Dickerson Name of Person Tender Loving Touch Pet Massage LLC Firm/Company
3305 15th Ave SW Address
Maples, Fl. 34117 City/State and Zip Code
DICKer/02 @ GO/.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tane Dickerson at (239) 455-7297 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lender Loving Pet	Massage LC	<u>,</u>
(Name of the Limited Liability Com	pany as it now appears on our record d Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Compa	• •	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Tender Louing Touch Pe The new name must be distinguishable and end with the words "L "L.L.C."		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	······································	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:		nter the name of the new
New Registered Office Address:		S T
·	Enter Florida stre	
	, Floric	
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	ATE RIDA

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.

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

MGR = Manager

MGRM = I	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Add Remove
<u></u> _			Add
			Remove
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D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
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Dated		•	FILE
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		er or authorized representative of a member O C KC \S O \M ed or printed name of signee	STATE LORID

Page 2 of 2

Filing Fee: \$25.00