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DEC 28 2010

**EXAMINER** 



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## **COVER LETTER**

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TO:	Registration Section Division of Corporations
SUBJE	CCT: The Puppy Love Boutique Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Shirley Gustafson Name of Person
	The Puppy Patch Boutique & Grooming Spa
	31 South Main Street Suite B
	Winter Garden, Fl. 34787 City/State and Zip Code
	Shirley gus @ hotmail. Com  E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
_5	hirley Gustafson at (407) 656-2657  Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
<b>\$</b> 25	.00 Filing Fee \$\ S55.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

TO ARTICLES OF ORGANIZATION OF	10 OEC 27 PU
Puppy Love Boutique	144 OF 05 37
of the Limited Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)

Florida document number 700186870237 Corp. Filing # L10000109201

This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The Puppy Patch Boutique The new name must be distinguishable and end with the words	4 Grooming	. Spa L.L.C.
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	"Stays H	ie Same" South Main Street
(Principal office address MUST BE A STREET ADDRES	<u> </u>	South Main Street
	Su	ite B
	Win	ite B ter Garden, Fl. 3478
Enter new mailing address, if applicable:		<u> </u>
(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		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, Florida
<del></del>	City	Zip Code

## 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.

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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
<del></del> .			Add Remove
			Add Remove
<u>_</u>			Add Remove
<u></u>			Add Remove
<del></del>	<u> </u>		Add Remove
			Add Remove
). If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	<del></del>
			<del></del>
, , —		sof Jan. 1, 2011'	/
11 _	nange Name a		_
Dated	\	D10.	_

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Filing Fee: \$25.00