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13 MAY 20 PH 1: 56

C. LEWIS

MAY 2 1 2013

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: DOGVILLE GROOMING, 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:
EMERCON SILVA
Name of Person
EMERSON SILVA Name of Person BOGVILLE GROOMING, LLC Finn/Company 7950 NW 108 HB PLACE Address
Firm/Company
7950 NW 108 +5 PLACE
Address
mi Ami PL 33178 City/State and Zip Code
City/State and Zip Code
TAI MARTI NSO HOT MAIL. COM E-inail address: (to be used for future annual report notification)
For further information concerning this matter, please call: (786) 266-6412
EMERSON SILVA at (305) 798-63236
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 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 TO ARTICLES OF ORGANIZATION **OF**

FILED

DOGVILLE GROOM	MING, LLC	13 MAY 20 PM 1: 56
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our inability Company)	reords. METARY OF STATE TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Lubility Company Florida document number <u>LM 0000 88 359</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new nangof the limited liabi		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the d	esignation "LLC" or the abbreviation
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 off registered agent and/or the new registered office address here		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a street address
	Cih:	FloridaZip Code
New Registered Agent's Signature if changing Pegistered Agents	-	•

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 Changing Registered Agent, Signature of New Registered Agent

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>:

FILED 13 MAY 20 PM 1: 56 Type of Action		
ype of Action		
Add		
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		HAY 20 PM 1: 56
-	96.67 TABL	ETARY OF STATE: ARASSEE, PLORIDAN
ated	MAY J6th, 2013.	
	Signature of a member or authorized representative of a member	
	EMELSON SILVA Typed or printed name of signee	nus technolomospheritor gravel and englands related to 1888 histories.
	Page 3 of 3	

Filing Fee: \$25.00