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EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp		<i>"</i> * *	4		
SUBJ	ECT:	Pampered	d Pet Salon, LLC			
0020			ted Liability Company	·		
The en	iclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
	Linda Snedeker					
			Name of Person			
		Par	Pampered Pet Salon, LLC			
			8404 Mathews Rd.			
			Address			
		i	Lakeland, FL 33809			
		City/State and Zip Code				
	lindasned@yahoo.com E-mail address: (to be used for future annual report notification)					
For fu	rther information co	ncerning this matter, please of	·			
	Lind	a Snedeker	at (863) 8	58-4601		
Name of Person		Person	Area Code & Daytime 1	elephone Number		
Enclos	sed is a check for the	e following amount:				
\$2 :	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pampered (Name of the Limited Liability Contact (A Florida Limited)	Pet Salon, LLC mpany as it now appears of ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp. Florida document numberL1200000193	pany were filed onJ	anuary 3, 2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Linda's G	rooming, LLC		
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:	8404 Mathews	Rd.,	
(Principal office address MUST BE A STREET ADDRES:	<u>S)</u> Lakeland, FL 3	3809	
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		r records, <u>enter</u>	2 JUL - S P III
Name of New Registered Agent: Linda Sr	nedeker		
New Registered Office Address: 8404 Ma	athews Rd.,		
	Enter	· Florida street ad	dress
	Lakeland	, Florida	33809
	City	•	Zip Code
New Registered Agent's Signature, if changing Registered Ag	zent:		

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, 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> <u>Name</u> <u>Address</u> **Type of Action** Mark Snedeker . MGRM 8404 Mathews Rd., Lakeland, FL 33866 7 Add Gina S. Workman MGRM 208 Polk Street., Auburndale, Fl 33823 ☐ Add ✓ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Typed or printed name of signee

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Filing Fee: \$25.00