## 11200017336

(Re	equestor's Name)	
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## **COVER LETTER**

	ision of Cor			
SUBJECT:	Rocky's Fri	ends Dog Grooming L.L.C.		
SOBJECT.		Name of Limi	ted Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please returr	all correspo	ndence concerning this matter	to the following:	
		Jeffrey Lynne, Esq.		
		<del></del>	Name of Person	<del>.</del>
		Beighley, Myrick, Udell &	Lynne	
			Firm/Company	
		2385 Executive Center Dri	ve, Suite 250	
			Address	
		Boca Raton, Florida 33431		
			City/State and Zip Code	
		JLynne@bmulaw.com		
		E-mail address: ()	to be used for future annual report notiff	cation)
For further i	nformation c	oncerning this matter, please ca	all:	
Jeffrey Lyni	າຍ		561 549-9036	
	Name o	i Person	Area Code Daytime	Telephone Number
Enclosed is:	a check for th	ne following amount:		
■ \$25.00 I	Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited L Florida document number L12000017336			<b>-</b>
Florida document number	·		
This amendment is submitted to amend the fol-	owing:		T.(
A. If amending name, enter the new name of	of the limited liability c	ompany here:	F   17 0CT   BIVESIDATE
The new name must be distinguishable and contain the	words "Limited Liability Cor	mpany," the designation "LLC" of	r the abbreviation LaL.C."
Enter new principal offices address, if appli	cable:	<del></del> _	= 1
(Principal office address MUST BE A STRE	ET ADDRESS)		= O
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of		address on our records, g	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	2385 Executive Cente	er Drive, Suite 250	
		Enter Florida street address	
	Boca Raton	P1	33431
		F10F1 \( \text{it} \text{v} \)	ida 33431 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00