

L15000008797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

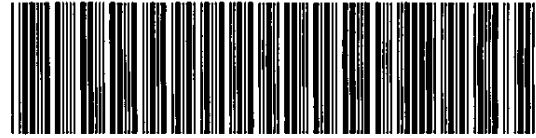
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 27 P 1:18

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MAY 01 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOG DAYS MOBILE PET SPA, 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:

Marise Jimenez
Name of Person
DOG DAYS MOBILE PET SPA, LLC
Firm/Company
6001 SW 164th Court
Address
Miami, FL 33193
City/State and Zip Code
dogdayspetgroomers@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marise Jimenez at 305 834-9031
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$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

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2017 APR 27 P 1:19
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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2017

MARISE JIMENEZ
6001 SW 164TH COURT
MIAMI, FL 33193

SUBJECT: DOG DAYS MOBILE PET SPA, LLC
Ref. Number: L15000008797

We have received your document for DOG DAYS MOBILE PET SPA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to Department of State for \$25.00.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 317A0000699

(check inside)

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TALLAHASSEE, FLORIDA

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2017 APR 24 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2017 APR 25 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DOG DAYS MOBILE PET SPA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Jan 24, 2015 and assigned Florida document number L15000008797.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

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 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
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Onidia Raya	6001 SW 164th Court	<input type="checkbox"/> Add
		Miami, FL 33193	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Felipe Jimenez	6001 SW 164th Court	<input type="checkbox"/> Add
		Miami, FL 33193	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The two individuals removed were added in sunbiz for signature rights at bank, at no time were they part of the business. The business is owned by one member only and the business is considered disregard entity.

Multiple horizontal lines for entering additional information or amendments.

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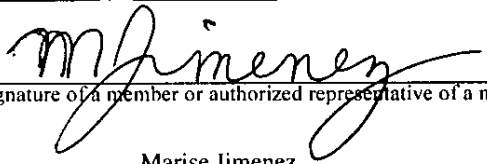
E. Effective date, if other than the date of filing: January 1, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated March 30, 2017



Signature of a member or authorized representative of a member

Marise Jimenez

Typed or printed name of signee