1/700042922

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800310040648

03/09/18--01015--025 **25.00

8 MAR -9 AN IO: 33

K. SALY MAR 13 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Essential Paws Island 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:
Hyra Collar Name of Person
Essential Paws Island Grooming, LLC
942 Segway Drive Address
Fort Pierce, FL 34949 City/State and Zip Code Kyra@essentialpaws.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gabrielle Trefelrer at (772) 201-0094 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

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18	FIL	
SECTOR		AM 10: 33 STATE
<u>s.</u>)	438654	STATE

Essential Paws Island Grooming, 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 2/23/17 and assigned
Florida document number <u>41700042922</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Essential Paws Island Reso	rt, LLC
CSSential Paws Island Keso The new name must be distinguishable and contain the words "Limited Liability Contains the words" "Limited Liability Contains the words "Liability Contains the words" "Liability Contains the words "Liability Contains the words" "Liability Contains the words "Liability Contains the words "Liability Contains the words" "Liability Contains the words "Liability Con	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	942 Seaway Orive
(Mailing address MAY BE A POST OFFICE BOX)	1942 Seaway Drive Fort Pierce, FL 34949
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<u>.</u>
Name of New Registered Agent:	NA
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>	Address	Type of Action
MGR	Gabrielle Trefelner	1482 N. Lawnwood Cir	
		#30B	Remove
		Fort Pierce, FL 34950	Z Change
			Add
			□ Remove
			Change
			18 Add F F
			The Remaye LED Change 33
			D Change
	·		33
			□ Remove
			Change
			□ ∧dd
,			□ Remove
			Change
			🗖 Add
			□ Remove
			Change

	<u> </u>					 -	
		· · · · · · · · · · · · · · · · · · ·					
		 					-10 6
							79 č11
							100mm
				·			<u> </u>
							निस्
							THE STATE
							過程
						<u> </u>	

				·		· · · · · · · · · · · · · · · · · · ·	
meffectiv ote: If t	date, if other than to we date is listed, the date in the date inserted in this is effective date on the	must be specific as s block does not	nd cannot be price t meet the appli	cable statutory f	or more than 90 da Iling requiremen	(optional) ys after filing.) I nts. this date w	Pursuant to 605.0207 ill not be listed as
	d specifies a delay oth day after the r			ot an effectiv	ve time, at 12	2:01 a.m. o	n the earlier of
The 90	:March 5	j+h,	. <u>2018</u>	. <u> </u>			
The 90	:March E	j+h V			tive of a member		

Page 3 of 3

Filing Fee: \$25.00