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A. BUTLER

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COVER LETTER

TO:

Registration Section

Division of Corporations GLAMOUR PAWS OF FLORIDA, LLC SUBJECT: _ 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: Luca Di Nunzio Name of Person Dorcey Law Firm Firm/Company 10181 Six Mile Cypress Pkwy, Suite C Address Fort Myers, FL 33966 City/State and Zip Code support@dlfregisteredagent.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Luca Di Nunzio Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25,00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO D

GLAMOUR PAWS OF FLORIDA, LLC

2022 AUG 18 AM 7: 21

Zip Code

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

 -	(A Florida Limited Liability Cor	npany)	LEGRETARY OF STATE TAILARY, SEE, F
The Articles of Organization for this Limited L Florida document number L17000049901	iability Company were filed	on <u>03/06/2017</u>	TAIL AFF, 15 CC+ F
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	any here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	v." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	•••	our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	DLF REGISTERED AGE	NT SERVICE, LLC	
New Registered Office Address:	10181 Six Mile Cypress P	kwy Sie C	
	E	iter Florida street address	
	Fort Myers	, Flo	rida <u>33966</u>

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.

/s/ Michael A. Scott

Cuv

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>	Type of Action
			□ Add
			□Remove
			☐Change
			Remove
			☐ Change
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			Change
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O. If amending any other inform	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
		
 		
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		<u> </u>
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Effective date, if other than t (If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	the date of filing:	nt to 605,0207 (3 t be listed as the
the record specifies a delayed effectord is filed.	etive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	lay after the
Dated July 5	. 2022	
/s/ John Schmid		
	Signature of a member or authorized representative of a member	
John Schmidt		
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	

Filing Fee: \$25.00