## L17000110291

/Po/	questor's Name)	
(176)	questoi s Maine)	
(Add	dress)	<u></u>
(Aut	11655)	
(8.1)	J	
DDA)	dress)	
(6)	(Ö. 1. 77: (D)	- 40
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I		
	ming officer.	

Office Use Only



000300660700

06/23/17--01006--003 \*\*35.00

SELVE JARY OF STATE DIVISION OF CURPORATION

M. MILLIGAN
JUL 28 2017



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2017

DEBORAH BAIARDO PAMPERED PAWS MOBILE GROOMING, LLC 891 VALENCIA AVE ORANGE CITY, FL 32763

SUBJECT: PAMPERED PAWS MOBILE GROOMING, LLC

Ref. Number: L17000110291

We have received your document for PAMPERED PAWS MOBILE GROOMING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Michelle Milligan Senior Section Administrator

Letter Number: 617A00013040

RECÉIVER ZOTJULZO PHIRLE SECKLEMENT STATE

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pampered Paws Mobile Growing, 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:
Deborah Baiardo Name of Person Pampered Paus Mobile Graming, LLC
891 Valencia Ave
Drange City F1 32763  City/State and Zip Gode  baia-do Oath nell  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deborah Rayardo at (386) 956-2866  Name of Person at (386) Daytime Telephone Number
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 & Certified Copy
Perieved letter# (additional copy is enclosed)
617A00013040
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pampered Laws Mok (Name of the Limited Liability Compar (A Florida Limited L	ny as il now appears on our records.
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $5-18-200$ and assigned $\frac{8}{8}$
This amendment is submitted to amend the following:	I
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	ogy valencia Ave branse citz Fl 32763
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	891 Valencia Ave Drange City F1 32763
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:  New Registered Office Address:  Sql V  Drange	alencia Ave Enter Florida street address City Florida 32763
New Registered Agent's Signature, if changing Registered Agent:	City J Zıp Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

	ng Authorized Person(s) authorized to made from our records:	anage, enter the title, name, and address of each	person being added
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Deborah Baiardo	891 Valencia Ave Dran	or or you
			□ Remove
			Change
	VIK Brayson	2918 Lantana Dr. W Jacksonville, Fl 32246	Add
		Jacksonville 171 52244	Remove
			Change
	Anna A Brayson	2918 Lantara Dr. W	□ Add
		Jacksonville, Fl 32246	Remove
			Change
	United States	13302 winding oak a	·u ∕ ł □ Add
	Corporations Agends inc.	Tampa fl 33612	
			Change
		1	D Add
			□ Remove
			Change
			O Add
			_□ Remove
			Change

	Ē
Effective date, if other than the date of filing: (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.	60207 (
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	ed as th
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an efféctive time, at 12:01 a.m. on the earlie	~- ^f.
) The 90th day after the record is filed.	ar Oit
Dated July 17 . 207.	
Signature of a member or authorized representative of a member	:0
Signature of a memory of administrative of a memory	E.
Deborah Baiardo	ر ج <del>ر</del> : آ
Typed or printed name of signee	27. 10.
<b>7.</b> RP 0.2 RP 0	-76 · - <u>-</u> -
Page 3 of 3	<u> </u>
Filing Fee: \$25.00	: