L18000152789

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COVER LETTER

TO:

	tration Section ion of Corporations
	amie's Grooming LLC
SUBJECT: _	Name of Limited Liability Company
The enclo se d A	Articles of Amendment and fee(s) are submitted for filing.
 Please ret urn a	Il correspondence concerning this matter to the following:
1	
i	Jamie Ilif Wilson
	Name of Person
	Jamie's Grooming & Blooming LLC
1	Firm/Company
1	11409 8th St N #1506
	Address
	St Petersburg, FL 33716-2627
	City/State and Zip Code
	eath20@aol.com
·	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
Jamie Ilif Wils	on 727 256-7629 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:
■ \$25.00 Fil	ing Fee S30,00 Filing Fee & S60,00 Filing Fee & S60,00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
!	
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jamie's Grooming LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Compan	y were filed on 04/30/2021	and assigned
Florida document number L18000152789		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Jamie's Grooming & Blooming LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		
B. If amending the registered agent and/or registered office	address on our records, enter the na	me of the new registere
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>	Name	Address	Type of Action
	-		□Add
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`an effec \ote: T	the date, if other than the date of filing: (ob/07/2021 (optional) (optiona	605.0207 listed as
l is fi le		after the
ated: Ju	une 7th 2021	
	J. J	
	Squature of a member or authorized representative of a member	-