

L18 000 175362

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SEP 13 AM 11:17

JB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GROOMED & TAILORED LIMITED LIABILITY COMPANY
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:

Michael W. Allison

Name of Person

GROOMED & TAILORED LIMITED LIABILITY COMPANY

Firm/Company

6885 Julia Gardens Drive

Address

Coconut Creek, FL 33073

City/State and Zip Code

mwal02672@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael W. Allison

404

293-2526

at ()

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 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**

GROOMED & TAILORED LIMITED LIABILITY COMPANY

(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 Jul 20, 2018 and assigned
Florida document number L18000175362.

This amendment is submitted to amend the following:

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

GROOMED & TAILORED, LLC

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)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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E. Effective date, if other than the date of filing: 9/8/2021 (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 September - 8, 2021

Bliss

Signature of a member or authorized representative of a member

Michael W. Allison

Typed or printed name of signee

State of Florida

Department of State

I certify from the records of this office that GROOMED & TAILORED LIMITED LIABILITY COMPANY is a limited liability company organized under the laws of the State of Florida, filed on July 20, 2018, effective July 20, 2018.

The document number of this limited liability company is L18000175362.

I further certify that said limited liability company has paid all fees due this office through December 31, 2021, that its most recent annual report was filed on September 8, 2021, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Eighth day of September, 2021*



Ronald R. Be...
Secretary of State

Tracking Number: 4627917180CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000175362

Entity Name: GROOMED & TAILORED LIMITED LIABILITY COMPANY

Current Principal Place of Business:

5550 GLADES ROAD
SUITE 500
BOCA RATON, FL 33431

Current Mailing Address:

5550 GLADES ROAD
SUITE 500
BOCA RATON, FL 33431 US

FEI Number: 83-1290908

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALLISON, MICHAEL WAYNE
5550 GLADES ROAD
SUITE 500
BOCA RATON, FL 33431 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL W ALLISON

09/08/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title TRUSTEE
Name ALLISON, MICHAEL W
Address 6885 JULIA GARDENS DRIVE
City-State-Zip: COCONUT CREEK FL 33073

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL W ALLISON

TTEE

09/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date