

From: Amella Basso  
6/8/2021

Fax: 1954-37850

To:

Phone: (850) 617-6383  
Division of Corporations

Page: 1 of 5

7/9/2021 3:50 PM

**L18000251422**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BROWARD SOHO SERVICES INC.  
Account Number : 120100000080  
Phone : (954)366-3850  
Fax Number : (954)633-7850

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Taxright7@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE GROOMERS LLC

Certificate of Status	1
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Corporate Filing Menu

Help

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: THE GROOMERS 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:

JOSE O NEGRON

Name of Person

THE GROOMERS LLC

Firm Company

12065 NW 78TH PL

Address

PARKLAND, FL 33076

City/State and Zip Code

JOEONEGRON@GMAIL.COM

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JOSE O NEGRON

561 990-6612  
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

THE GROOMERS 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 10-22-2018 and assigned Florida document number L18000251422.

This amendment is submitted to amend the following:

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

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**)

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 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>
AMBR	JOSE O NEGRON 90%	12065 NW 78TH PL	<input type="checkbox"/> Add
		PARKLAND, FL 33076	<input type="checkbox"/> Remove
		(ADD PERCENTAGE ONLY)	<input checked="" type="checkbox"/> Change
AMBR	LUIS CARPIO 10%	CALLE ALICANTE 697	<input checked="" type="checkbox"/> Add
		URB. LA CIMA DE CIUDAD	<input type="checkbox"/> Remove
		CAGUAS, PR 00727	<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF COURT  
JANET L. GRIFFIN

