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COVER LETTER

SUBJECT: Po	OSh Paws Name of Limi	Groming fied Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u> </u>	Name of Person	
	Posh F	9WS Grooming Firm/Company	, LLC
	<u> 540 o</u>	Sw College R	uad #305
		City/State and Zip Code	
	E-mail address: (t	b'be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	ill:	
J 9i A Name o	re loss	at (352) 36/ Area Code Daytime	3 & & 3 Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

Or .	اً الأنواعية المناسب ا
Day Day of	FILED
(Name of the Limited Liability Company as if	TOOMING LLC
(Name of the Limited Liability Company as it (A Florida Limited Liability	Company) 2713 SEP 9 12 50
The Articles of Organization for this Limited Liability Company were	iled on 11/0/6/2018 and assigned
Florida document number <u>L18000</u> Z59868	ALLAHASSE TECHNO, 455 BIRCO
riolida document humber	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con-	ipany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Trincipal office duaress brost BLA STREET ADDRESS	
	· · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
THAILING BEAUTION OF THE BUAY	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the ne
registered agent and/or the new registered office address here:	-
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
Ci	ty 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 ad or removed from our records:

MGR = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Ross	5433 SW 88+ PL, O COLG FL	34476 □ Add
			Remove
			Change
MGR	Juine Russ	5433 5W 88+4 Pc, 0 Cala, FC	Add
			🗆 Remove
			Change
			🗆 Add
		<u></u>	🗆 Remove
			Change
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_□ Remove

__ Change

7. II amene	ung any other unormation, emer change(s) here: (Anach adamonal sheets, if necessary.)
_	
•	
(If an effect <u>Note:</u> If	e date, if other than the date of filing:
f the recor b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	Seltember 4. Zo14. Mill
	Signature of a member or authorized representative of a member
	Michael Ross Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00