

L19000286511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

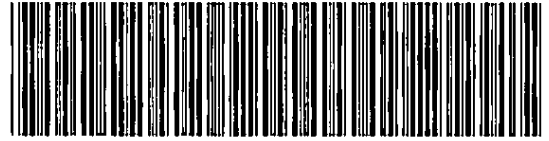
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200353755652

10/19/20--01015--002 **25.00

11/20/20
SA

FILED
2020 OCT 19 PM 2:00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOGS TAIL GROOMING FOR THE PAMPERED PET 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:

Jill DiSalvo
Name of Person
DiSalvo & Associates
Firm/Company
1760 N. Jog Road, Suite 150
Address
West Palm Beach, FL 33411
City/State and Zip Code
JDiSalvo@d-acpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill DiSalvo at (561) 659-1177
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**

DOGS TAIL GROOMING FOR THE PAMPERED PET 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 12.17.2018 and assigned Florida document number L18000286511

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

Loic Hochstrasser

New Registered Office Address:

2542 N. Federal Highway

Enter Florida street address

Ft. Lauderdale

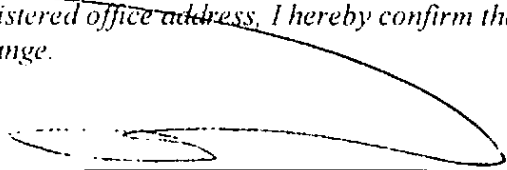
Florida 33305

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

FILED
2020 OCT 19 PM 2:00

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	Loic Hochstrasser	2542 N. Federal Highway	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jonathan Plummer	2542 N. Federal Highway	<input type="checkbox"/> Add
		Ft. Lauderdale, FL 33305	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2020 OCT 19 PM 2:30
CLERK OF DISTRICT COURT
SOUTH FLORIDA
CORPORATE SERVICES DIVISION

