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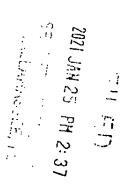
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Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Carrie C Clarke Name of Person Urban Tailz Retreat, LLC Fitth/Company 1706 W Grace St Address Tampa F1, 33607 City/State and Zip Code celarke@urbantailz.pet E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carrie C Clarke Name of Person Area Code Name of Person Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Street Address:	arin Inc		Retreat, LLC					
Please return all correspondence concerning this matter to the following: Carrie C Clarke	SUBJEC	:T:	Name of Lim	ited Liability Company				
Carrie C Clarke Name of Person	The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Name of Person Urban Tailz Retreat, LLC Firm/Company 1706 W Grace St Address Tampa FL 33607 City/State and Zip Code celarke@urbantailz.pet E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carrie C Clarke 813	Please re	turn all correspo	indence concerning this matter	to the following:				
Urban Tailz Retreat, LLC Firm/Company 1706 W Grace St Address Tampa F1. 33607 City/State and Zip Code celarke@urbantailz.pet E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carrie C Clarke Street Address Enclosed is a check for the following amount: Street Address: Mailing Address: Street Address: Street Address: Street Address:			Carrie C Clarke					
Firm/Company 1706 W Grace St Address Tampa F1. 33607 City/State and Zip Code cclarke@urbantailz.pet E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carrie C Clarke S13 451-4739 at (Name of Person				
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■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Name of Person			Area Code Daytin	ne Telephone Number			
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Registration Section Registration Section	Mailing Address: Registration Section		Street Address: Registration So	ection				
Division of Corporations Division of Corporations	Division of Corporations			Division of Corporations				
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	P.O. Box 6327							

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Urban Tailz Retreat, LLC						
(<u>Name of the Limited Lia</u> (A Flo	ability Compa orida Limited I	ny as it now appears on our rec liability Company)	ords.)			
The Articles of Organization for this Limited Liability Company were filed on 3/20/2019						
Florida document number L19000078536	······································					
This amendment is submitted to amend the following	g:					
a. If amending name, enter the new name of the	limited liab	ility company here:				
he new name must be distinguishable and contain the words."	'Limited Liabil	lity Company," the designation "I	LC" or the abbre	viatik L.L	.C."	
Enter new principal offices address, if applicable:	:	1706 W Grace Street			1	
Principal office address MUST BE A STREET AL	DDRESS)	Tampa FL 33607		25		
			<u> </u>	- <u>p</u>	-11 -	
nter new mailing address, if applicable:		1706 W Grace Street	-	ည (၁		
Mailing address MAY BE A POST OFFICE BOX	2	Tampa FL 33607				
			_	_		
3. If amending the registered agent and/or registegent and/or the new registered office address her		address on our records, <u>en</u>	ter the name o	f the new	regist	
Name of New Registered Agent:		_				
New Registered Office Address: 17	1706 W Grace Street Enter Florida street address					
Τ'n	ımpa					
——————————————————————————————————————	1111111		Florida 33607	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>	Address	Type of Action
MGR	Jack S Hamilton, Jr.	3409 W Lemon St	
		Tampa FL 33609	■Remove
			□Change
MGR	Heather E McDonald	1706 W Grace St	■ Add
		Tampa FL 33607	□Remove
			□Change
			🗆 Add
			Remove
			Change
			□Add
			□Remove
			Change
		-	\ \ \ \ _Add
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: __ (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 January 22 2021 Signature of a member or authorized representative of a member Carrie C Clarke Typed or printed name of signee

Filing Fee: \$25.00