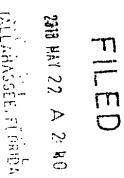
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JUN - 8 2019

## COVER LETTER

Division of Corporations	
SUBJECT: Claudia'S Dog G	from a LLC. ility Company
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.
   Please return all correspondence concerning this matter to the fo	ollowing:
<u>Claudia</u>	Maier ame of Person
_ <u>Claudias D</u> 149 NE 20d	ave Suite 3 Detroy Beat FT 3390
1 19 IVE Zna	Address Daily Date 12, 33 1
Suite 3 Del	Tay Beach FL 33444
Se-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please call:	
Claudia Maier Name of Person	at ( <u><b>561</b></u> ) <u><b>870-2308</b> Area Code Daytime Telephone Number</u>
Enclosed is a check for the following amount:	
Certificate of Status	55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status &  Indefinitional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: 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

OF

Claudia's Dog (	Grooming LLC
(Name of the Limited Lipbility (A Fiorida I	Company as it now as pears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 19 500 11136</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	tell liability company here:
The new name must be distinguishable and contain the words "Limit	F1
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist- registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co-accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is doffice address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

	Authorized Person(s) authorized to marom our records:	anage, enter the title, name, and address of each person being added			
MGR = Ma AMBR = Au	inager ithorized Member				
<u>Title</u>	Name	Address	Type of Action		
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		Derray Bauch FL 33	444 □ Remove		
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ocument's effe	ctive date on t	he Departmer	nt of State's	records.						
e record spe	·cifies a del	aved effect	ive date.	butinot	an effecti	ve time, a	at 12:01	a.m. on	the ear	lier o
The 90th da	ay after the	record is f	iled.			•				
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