L19000152630

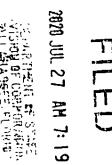
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Linky Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SEP 1 6 2020 S. YOUNG

COVER LETTER

Division of Cor	porations		
Ozzy Tree	Service and Lawn Care LLC		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Osvaldo Sanchez		
		Name of Person	
		Firm/Company	
	3370-15th Ave SW		
		Address	
	Naples Florida 34117		
	osvaldovet19@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ution)
For further information c	oncerning this matter, please c	all:	
Osvaldo Sanchez		239 682-7253	
Nama o	t Person	at () Area Code Davtime T	Telephone Number
rvaine o	r reison	Area Code Daytille	elephone Number
Enclosed is a check for the	he 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)

TO:

Registration Section

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

Ozzy Tree Service and Lawn Care 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		and assigned
Florida document number L19000152630	 .	W. T.
This amendment is submitted to amend the following	y;	
A. If amending name, enter the new name of the l	limited liability company here:	
Ozzy Pet Grooming LLC		
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ss
	F	lorida
_	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>	Address	Type of Action
			⊡Add
			□Remove
			□Change
			
			□Change
			□Add
			□Remove
			☐ Change
			⊡ Add
		□Rелюче	
			□Change
			Петюче
			□Change
			□Add
			□Remove
			□ Change

if amending any other mior	mation, enter change(s) here: (Attach additional sheets. if necessary.)	
		
 		
	07/24/2020	
Note: If the date inserted in thi		
he record specifies a delayed effeord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
July 24th	2020	
Dated	(Tolds)	
	-Signature of a member or authorized representative of a member	

Typed or printed name of signee