## 19000141871

Office Use Only



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O SIMMONS MAR 11 2022

## **COVER LETTER**

TO:	Registration Sec Division of Corp	ction <sub>.</sub> porations		
SUBJE		GROOMING LLC	<b>`</b>	
NOBJE		Name of Lin	ited Liability Company	<del></del>
The enc	closed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please r	return all correspon	ndence concerning this matter	to the following:	
		YALEXY CARRASCO H	LANCO	
			Name of Person	
		YALE PET GROOMING	LLC	
			Firm/Company	<del></del>
		2257 SW 7TH ST APT 11		
		-	Address	
		MIAMI.FL 33135		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For furt	her information co	oncerning this matter, please c	all:	
YALE	XY CARRASCO I	BLANCO	305 213-3316 at ( )	
Name of Person			Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	e following amount:		
□ <b>\$</b> 25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address	s:	Street Address:	

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

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 L. E.D.

2022 MAR -4 PM 7: 12

YALE PET GROOMING LLC

(Name of the Limited Liability Company as it now appears on our records.) SEE, FL (A Florida Limited Liability Company)

Florida document number L19000161871			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
YALE TRUCKING LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	26907 SPANISH GARDENS DR		
(Principal office address MUST BE A STREET ADDRESS)	BONITA SPRINGS, FL 34135		
Enter new mailing address, if applicable:	26907 SPANISH GARDENS DR		
(Mailing address MAY BE A POST OFFICE BOX)	BONITA SPRINGS, FL 34135		
	address on our records, enter the name of the new registere		
	address on our records, <u>enter the name of the new registere</u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registere		
Name of New Registered Agent:	address on our records, enter the name of the new registere		
agent and/or the new registered office address here:	Enter Florida street address		
Name of New Registered Agent:			

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
	<u></u>		□Add
			□Remove
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Effective date, if oth	er than the date of filing	ø:		(optional)	
f an effective date is liste	I, the date must be specific and	d cannot be prior to		an 90 days after filing.) P	
	led in this block does not n ate on the Department of S		e statutory tiling requ	airements, this date wi	ii not be listed as
	•				
record specifies a de	iyed effective date, but not	an effective time	, at 12:01 a.m. on the	e earlier of: (b) The S	Oth day after the
d is filed.	•				
77713751 (4.1537.)		2022			
Dated		2022			
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	Cianaliza Ira	number or and a -i-	ad rangoontation of a	nomber	
	Signature of a r	member or authoriz	ed representative of a r	nember	

Filing Fee: \$25.00