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COVER LETTER

CLID ICCT.	Doggie Smile, LLC				
Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.			
Please return all corre	espondence concerning this matter	to the following:			
	Mary Elma Shipp				
		Name of Person			
	352 NW 37th Way	Firm:Company			
	Deerfield Beach FL 33442	Address			
	elmashipp16@gmail.com	City/State and Zip Code			
For further information	E-mail address: () on concerning this matter, please ca	to be used for future annual report notit all:	ication)		
Mary Elma Shipp		754 234-5479			
Nar	ne of Person	at () Area Code Daytime	: Telephone Number		
Enclosed is a check to	or 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:

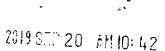
TO:

Registration Section

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



Doggie Smile, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on οι Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number L19000220283	were filed on $\frac{08/28/20}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
VIP Pet Smile, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	352 NW 37th Way	
(Principal office address MUST BE A STREET ADDRESS)	Deerfield Beach FL 33	442
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	ffice address on our e:	records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	200	Florida
	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.

f-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>	Name	Address	Type of Action
			Add
			☐ Remove
			Change
			☐ Add
			☐ Remove
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Dated	mber 16 2019
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	Signature of a member or authorized representative of a member
	fary Elma Shipp