# L19000 269 000

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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# **COVER LETTER**

TO: Registration Se Division of Cor		bila.	
SUBJECT: WAV'S	•	Pet Crooming 110	1
	Amendment and fee(s) are sub-		
Please return all correspo	ondence concerning this matter	to the following:	
	Terrence	Campbell Name of Person Mobile	· · · · · · · · · · · · · · · · · · ·
	WAY'S OF G	lory Pct Grooming	J-LLC
	700 N.W 214	Street Bld#2 Apl. Address	<u>410</u>
	<u>Miami Gord</u>	City/State and Zip Code	
	glory2176 y	ahoo (am o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Terrence Name o	Campbell 1 f Person	at ( <u>305</u> ) <u>709 -</u> Area Code Daytime	7188 Telephone Number
Enclosed is a check for the	ne 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:

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

WAY'S Of Glory (Name of the Limited I)	Pel Grooming LLC ability Company as it now appears on our reco orida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabil Florida document number <u>L 1900026900</u>	ity Company were filed on $10/28/$	and assigned
This amendment is submitted to amend the followir	g:	
A. If amending name, enter the new name of the $WF$ $V'S$ $OF$ $GLORY$ $OF$ $G$	limited liability company here:  arcoming LLC  "Limited Liability Company," the designation "L	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	20
Principal office address MUST BE A STREET A	DDRESS)	19 MON
		σ : 
Enter new mailing address, if applicable:		AH 9
Mailing address MAY BE A POST OFFICE BO	Q	
B. If amending the registered agent and/or registered agent and/or the new registered office	• •	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	lress
_		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	

If Changing Registered Agent, Signature of New 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 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
		***	☐ Remove
	***************************************	□ Change	
	<del> </del>	D Add	
			☐ Remove
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			□ Remove
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fan eff Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	11/19/2019
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00