

L200000 77420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

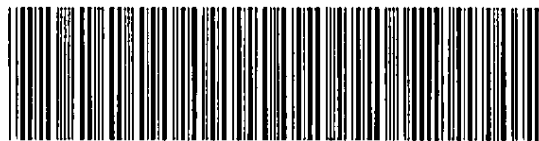
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300422959383

2024 MAR 24 10:11:19 AM 4025.00

FILED
2024 MAR -4 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Groom Haus, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nina Anderson

Name of Person

Groom Haus

Firm/Company

645 NE 10th Ave #8

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

hello@thegroomhaus.com

E-mail address: (to be used for future annual report notification)

FILED
2024 MAR -4 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Nina Anderson

954

707-2327

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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:

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

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Irina Pinkusevich	900 NE 12th Ave #301	<input checked="" type="checkbox"/> Add
		Hallendale, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TAMARA SHELTON
2021 APR -11 AM 9:20
FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2024 MAR -4 AM 3:23
SECRETARY OF STATE
TALLMAN, SEB, FR

2024 MAR -4 AM 9:20
SECRETARY OF STATE
TALLMAN DESK 101

175

E. Effective date, if other than the date of filing: March 1, 2024, 12:01 a.m. (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated February 28, 2024

Signature of a member or authorized representative of a member

Nina Anderson

Typed or printed name of signee