LZ0000059259

(Requestor's Name)	
(Address)	00035790
(Address)	00000700
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	01/12/2101018
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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2021 JAN 12 PH 4:44

COVER LETTER

TO: Registration Sect Division of Corpo				
subject: <u>L 49</u>	Name of Limite	Mobile ed Liability Company	hoon	g LLC
The enclosed Articles of Ar	mendment and fee(s) are subm	uitted for filing.		
Please return all correspond	dence concerning this matter to	the following:		
	Addry	Name of Person	1	
		Firm/Company		
	13444 Ha	Address	circle	
	Orlando	City/State and Zip Code tempor 2 be used for future annual re	<u> </u>	
	Email address: (10	terpnic 2	12 Q g o eport notification)	nail. com
For further information con	ncerning this matter, please cal	l:		
Adder!	y Dorcely Person	at (407) 4	725 1 Daytime Telephor	677 ne 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 encle	/ `	\$60.00 Filing Fee. Sertificate 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legendr Only Mobile Grooming

(A Florida Limited)	Liability Company)	a our records	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	3/25/	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:	:	
Legends Only Bark The new name most be distinguishable and contain the words "Limited Liabi	ber Lo ility Company," the desig	gnation C.C. or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			202
			21 JAN 12
Enter new mailing address, if applicable:			72
(Mailing address MAY BE A POST OFFICE BOX)			P =
			<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
	City	, Florida	Xıp Code
New Registered Agent's Signature, if changing Registered Agent:	·		гір Сойе
	_		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my	v duties, and L	am familiar with and

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>	Name	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗀 Add
		□Remove	
			Change
			□Add
			Remove
			□Change

. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the d	e, if other than the date of filing:
the record specificated is filed.	lies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	11/10/2011
	Signature of a member of authorized representative of a member
	Alden 1
	Adder Ly Dorce Ly /Typed or printed name of signee

Filing Fee: \$25.00