

L20 000155894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

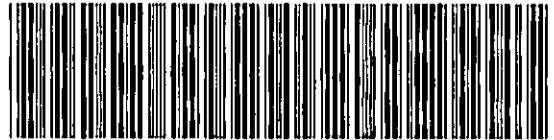
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAWPADOODLE GROOMING, 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:

ODALYS SANCHEZ ELKINS
Name of Person

Firm/Company

3197 VIRGINIA STREET
Address

MIAMI, FLORIDA 33133
City/State and Zip Code

odalys.sanchez.esq@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROLANDO ORIHUELA at (786) 663-1636
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PAWPADOODLE GROOMING, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 6/08/2020 and assigned
Florida document number L20000155894.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3197 VIRGINIA STREET

MIAMI, FLORIDA 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3197 VIRGINIA STREET

MIAMI, FLORIDA 33133

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ODALYS SANCHEZ ELKINS

New Registered Office Address:

3197 VIRGINIA STREET

Enter Florida street address

MIAMI

City

Florida

33133

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.

Odalys Sanchez Elkins

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ROLANDO ORIHUELA</u>	<u>234 PTDENETIA AVENUE</u>	<input type="checkbox"/> Add
		<u>APARTMENT 4</u>	<input checked="" type="checkbox"/> Remove
		<u>CORAL GABLES, FL 33134</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>MAYRA ALEJANDRA</u>	<u>234 PTDENETIA AVENUE</u>	<input type="checkbox"/> Add
	<u>MEDINA MOYOLI</u>	<u>APARTMENT 4</u>	<input checked="" type="checkbox"/> Remove
		<u>CORAL GABLES, FL 33134</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>ODALYS SANCHEZ ELKINS</u>	<u>3197 VIRGINIA STREET</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33133</u>	<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

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

I, ROLANDO ORIHUELA, WOULD LIKE TO TRANSFER
OWNERSHIP OF THIS LLC. I WOULD LIKE TO REMOVE
ALL INFORMATION RELATED TO MYSELF AND MAYRA
ALEJANDRA MEDINA MOYOLI AND TRANSFER IT TO
ODALYS SANCHEZ ELKINS.

ODALYS SANCHEZ ELKINS SHOULD BE THE ONLY REGISTERED
AGENT AND MANAGER UPON EXECUTION OF THIS AMENDMENT.

E. Effective date, if other than the date of filing: _____ (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 July 7th 2020


Signature of a member or authorized representative of a member

ROLANDO DANIEL ORIHUELA
Typed or printed name of signee