L20 000336013

(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



400358983094

02/03/21--01015--022 **25.00

2021 FEB -3 PH 5: 09

O SIMMONS MAR 1 8 2021

COVER LETTER

Division of Corporations				
SUBJECT: Kat Fary 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:				
Kirsten Early Name of Person				
Firm/Company				
704 Stiles Ave				
Tallahossee, FL 30303 City/State and Zip Code				
Ke manillan 4240 gmail. Con E-mail address: (to be dised for future annual report notification)				
For further information concerning this matter, please call:				
Kister Early at (850) 207-4662 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
S25.00 Filing Fee Fee S25.00 Filing Fee Fee S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe				
Mailing Address: Registration Section Street Address: Registration Section				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Ket Early Grown	2021 FEB - 3 PH 5: 09
(Name of the Limited (A	LIC 2021 FEB - 3 PH 5: 09 Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on Oct 22 2620 and assigned
Florida document number <u>L 200∞33 &</u>	<u>013</u> .
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
True North Grooning The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

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

AMBR = Ai	ithorized Member	2021 FED -	
<u>Title</u>	<u>Name</u>	2021 FEB - 3 PH 5: 09	Type of Action
MGR	Benjamin Early	704 Stiles Ar Talkhousee FL 32303	_ DAdd
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			_ □Change
			□ Add
			□Remove
			□Change
		····	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	قىيى بىد	
	2021 FEB -3 PM 5	: 0 9
		• • •
	- · · · · · · · · · · · · · · · · · · ·	-
	· · · · · · · · · · · · · · · · · · ·	
<u> </u>		-
	<u> </u>	
		v
		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
. Effective date, if other than the date of filing:		(optional)
. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's real	prior to date of filing or more than 90 da applicable statutory filing requiremen	ys after filing.) Pursuant to 605.0207 (3)(
the record specifies a delayed effective date, but not an effectord is filed.	tive time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated Jan 22 . 20,	<u> 30_</u> .	
(Le		
Signature of a member o	r authorized representative of a member	

Typed or printed name of signee