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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Super Scissors Mobile Dog Grooming 220 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:	
Rachelle Risso Name of Person	
Firm/Company	
11721 SW 43rd St unit 125	
Miramar FL 33025 City/State and Zip Code	
Rachpup 13 @ Gmail. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rachelle Russo at (561) 236 - 1803  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certified Copy  □ C	

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

### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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
AMBR	Rachelle Russo	Address 11721 SN 43rd St unit Miramar Fl 33025	125 <b>X</b> 0Add
	Omer Hernendez	11721 SW 43rd St unit Miramar FL 33025	□Remove □Change ) ఎ S
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Filing Fee: \$25.00