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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

Registration Section

Division of Corp	orations		
SUBJECT: <u>Groo</u>	Ming Pet Sa Name of Lim	lon LLC	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Christ	TO Pher Lee Will	
		Ming Pet Salon 1	110
		S WEST RC APT	
	DrlandD, I	El 32818 City/State and Zip Code	
	GYOOMING OF E-mail address: (21 Salon 4 @ angil C	fication)
For further information cor	ncerning this matter, please ca		
Christopher Name of B	Person	at (<u>352</u>) <u>988</u> Area Code Daytim	- 9453 e Telephone Number
Enclosed is a check for the	-		
S25.00 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 Se Division of Co	ection	Street Address: Registration Sec Division of Cor	
P.O. Box 6327	•	The Centre of T	allahassee
Tallahassee, FI	2 04014	Z#10 IN. IVIONIO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grooming Pet Sal	on LLC
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited Liability Company were filed on Florida document numberNEW_LZIDOO942842	1/21/2021 and assigned
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	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	2 70
B. If amending the registered agent and/or registered office address on ou	r records, <u>enter the name of the new register</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	: 22
New Registered Office Address:	<u> </u>
	Florida street address
	, Florida
City	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.

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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MEIR	Micheal Cole	980 Viheridge Run	□Add
		Altamorte Springs, Fl 32714	ERemove
			□ Change
AMBR	Diana Saddler	720 spring west Rd	🗆 Add
		Orkado Fl 32818	DRemove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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f an effect Note: If	e date, if other than tive date is listed, the date the date inserted in thi it's effective date on th	must be specific and ca s block does not mee	n the applicable sta	f filing or more than tutory filing require	(optional) 90 days after filing.) Purments, this date wi	irsuant to 605,0207 Il not be listed as i
e record s d is filed	specifies a delayed effe l.	ctive date, but not an	effective time, at 1	2:01 a.m. on the ea	arlier of: (b) The 9	0th day after the
Dated	2/3/2011		4RCJ.	3		
		Signature of a mer	mber or authorized re		nber	
		7.41		11 /		