# KZ1 000042842

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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	ECT: Grooming Pet Salon LLC Namy of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Anabelle Longe Name of Posson
	Firm/Company
	1968 Oak Reserve Lane
	Winter Park, FL, 32792  City/State and Zip Code  anabelle, annie 1995 agmail. Com  E-mail address: (to be used for future annual report notification)
	e-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Anabelle Longe at 407 446-9941  Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
<b>X</b> \$2	25.00 Filing Fee Scrifficate of Status Scriffed Copy (additional copy is enclosed)  Solution Fee Scriffed Copy (additional copy is enclosed)  Solution Fee Scriffed 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

Grooming Pet Salon LLC

( <u>Name of the <b>Limited Liability Compa</b></u> (A Florida Limited	ny as <u>it now appears on our records.</u> ) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000042842</u> .	were filed on January 21, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab    Carooming	-1.0
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7850 Silver Star Rd. Orlando, FL 32818
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7312 Balboa dr. Orlando, FL 32818
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Aval  New Registered Office Address: 7850	Delle Longe/Brubara Kijley Silver Star Rd.  Enter Florida street address
<u>Orla</u>	ndo , Florida 32818 Zip Code
Nove Dagistarad Agant's Signatura, if changing Dagistarad Agants	

### 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 Type of Action <u>Title</u> <u>Name</u> Address MGR Christopher Cole 720 spring west Rd Remove Christopher Cole AMBR 720 Spring West Rd. \* \*Remove MCM Anabelle Longe Winter Park, FL 32792 \_ □Remove MGA Barbara Kiley 7312 Balboa Dr. Orlando MANNI FL 32818 ☐ Change AMBR Anabelle Longe Winter Park FL 32792 XAND □Change Barbara Kiley 7312 Balboa Dr. Orlando MAdd AMBA

□Remove

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effective date is lete: If the date in	sted, the date must be spec	cific and cannot be prior to es not meet the applical	ay March 1 date of filing or more than ole statutory filing requi	<b>Loptional</b> ) 190 days after filing.) Pu	rsuant to 605.0207 (3)(t not be listed as the
cord specifies a s filed.	lelayed effective date,	but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
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