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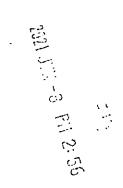
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Ho	appy Feet 1 Name of Lim	Pet Gream/ ited Liability Company	ing, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		TOR VALDES	
	1-tappy	Firm/Company	rooming, LLC
	4669 F	Erth Rd	-4411
	West to	Address 2/m Beach - 1 City/State and Zip Code	T 33415
		City/State and Zip Code	
	E-mail address: (127 @ Gmail. C to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Name o	DR ALDES	at (<u>786</u>) <u>36</u> 8 Area Code Daytimo	5-4335 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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 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

Happy Feet 1	et Groomi	ng, LLC	
Name of the Limited Liabilit (A Florida	et CROOMIN <u>V Company as it now appears of</u> Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000233</u>	ompany were filed on	5/19/21 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here	:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDR	ESS)		_
			_
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			_
	-		
B. If amending the registered agent and/or registered	office address on our reco	ords, enter the name of the new regist	erec
agent and/or the new registered office address here:			
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida	street address	_
	City	, Florida 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 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
MGR	VICTOR VALDES	4669 Perth Road	Add
		4669 Perth Rood West Calm Beh-Fi 334	□Remove
			Change
			□Add
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lf an ef <u>Note:</u>	five date, if other than the date of filing: Obj Optional
docun	tent's effective date on the Department of State's fectors.
e recor rd is fi	rd 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 iled.
	16/02 2021 1/00 D
Dated	
Dated	Signature of a member or authorized representative of a member
Dated	Signature of a member or authorized representative of a member VICTOR VALDES Typed or printed name of signee

Filing Fee: \$25.00