L21000282618

(Requestor's Name)
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COVER LETTER

Tallahassee, FL 32314

•	of Corporations		
Toca	ab Enterprises, LLC		
SUBJECT:	Name of	Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are	submitted for filing.	
	orrespondence concerning this ma	_	
	Gabriel Bacot		
		Name of Person	
	Tocab Enterprises, LLO	2	
		Firm/Company	 .
	8529 Keller rd		
		Address	
	Panama City FL 32404		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	tocab850@gmail.com	ss: (to be used for future annual report not	tification)
For further information	ation concerning this matter, pleas		canony
Gabe Bacot	,	850 867-9666	
3	Name of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a checi	k for the following amount:		
□ \$25.00 Filing	Fce \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A	Address: ition Section	Street Address:	
Division	of Corporations	Registration Se Division of Co	
P.O. Bo	x 6327	The Centre of 3	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	Te	RGANIZATION	101 C 20 PM P. 14
Tocab Enterprises, LLC			The Man
(Name of the Limite	d Liability Compar A Florida Limited I	ny as it now appears on our reco lability Company)	ords.)
The Articles of Organization for this Limited Lie Florida document number L210002826 This amendment is submitted to amend the follo A. If amending name, enter the new name of Kira's Pct Grooming & Spa, LLC	ability Company wing: the limited liabi	were filed on 6/17/2021	and assigned '
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	8529 Keller rd	
(Principal office address MUST BE A STREET	(ADDRESS)	Panama City FL 32404	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office a	ddress on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:	Kira Bacot	·····	
New Registered Office Address:	8529 Keller rd	Enter Florida street addr	ess
	Panama City		
	Panama City	, F	Florida 32404
Nam Dagista 14 at 60		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.

Kina Bacat
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kira Bacot	8529 Keller rd Panama City FL 32404	
			■Remove
MGR	Gabriel Bacot	8529 Keller rd Panama City FL 32404	≣Add
			□Remove
			□Change
			□Add
			_Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ne date of filing: oust be specific and cannot block does not meet the	e applicable statut	iling or more than 90 days a	ptional) after filing.) Pursuant to 605.020 this date will not be listed a:
record specifies a delayed effect d is filed.	ive date, but not an effe	ective time, at 12:	01 a.m. on the earlier of	(b) The 90th day after the
Dated April 6	2024	4		
111	<u>'</u>			
	4			
<i>GJIB</i> o	Signature of a member	or authorized repre	sentative of a member	_ ·

Filing Fee: \$25.00