## 12100036059

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HORNE
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## **COVER LETTER**

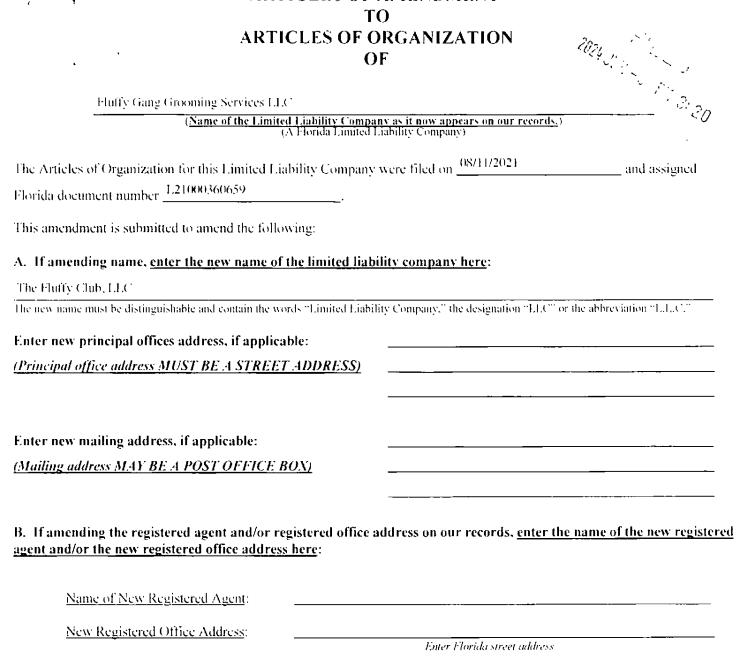
TO:	Registration Sec Division of Corp						
SUBJEC		g Grooming Services LLC					
SUBJEA	Name of Limited Liability Company						
The encl	losed Articles of /	Amendment and fee(s) are sub	mitted for filing.				
Please re	nurn all correspor	ndence concerning this matter	to the following:				
		Armaris Paola Guerrero					
			Name of Person				
			Firm/Company	<u></u>			
		125 Mandovi St					
		Address					
		Davenport, FL 33837					
		City/State and Zip Code					
		Paolaguerreror@hotmail.com					
		E-mail address: (	to be used for future annual report notif	ication)			
For furth	ner information co	oncerning this matter, please ca	all:				
Annari:	s Paola Guerrero		407 627-4348				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed	d is a check for th	e 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 radditional copy is enclosed)			
	Mailing Address Registration S		Street Address: Registration Sec	tion			

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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:

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.

Circ

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
AMBR	Miguel Gimenez	125 Mandovi St	<b>≘</b> ∧dd
		Davenport FL	□Remove
		33837	
			□Add
			□Remove
			□Add
			□Remove
		<del></del>	□Remove
			\ \ \ \ \ \
			□ Add
			□Remove
			□Change
			□Remove
			□ Change

## Page 2 of 3

lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary)
Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	O5/30/3034  Armur(5 6)  Signature of a member or authorized representative of a member
	Daw Cell
	Signature of a member or authorized representative of a member
	At many Guette'().  Typed or printed name of signee