K21000404998

(Re	equestor's Name)	
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	J'S PET GRO	DOMING, LLC				
SUBJECT: _		Name of Lin	ited Liability Company			
		nendment and fee(s) are sub	-			
		EDUARD KOTLYAROV	,JR.,ESQ.			
			Name of Person	V		
		KOTLYAROV LAW OF	FICES, PLLC			
			Firm/Company			
		4910 Communication Ave	nue Suite 200			
			Address			The state of the s
		Boca Raton, Florida 3343	I			
	,	eduard@klawoffices.com	City/State and Zip Code			
	_	E-mail address: (to be used for future annual report notif	ication)		
For further info	rmation conc	terning this matter, please c	all:			
Eduard Kotlyar	rov, Jr., Esq.		561 289-6400			
	Name of Pe	rson	at () Area Code Daytime	Telephone Number	2022 J SECR TAL	टक्ट क्या
Enclosed is a ch	neck for the fi	ollowing amount:			A 2	
■ \$25.00 Fili	ng fee i	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	ig Fee for for Status & 🔀	Last results of the second sec

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

TI'S PET GROOMING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 13, 2021 Florida document number L21000404998 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tampa Paws Grooming, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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:

AMBR = Authorized Member	
Title Name Address	Type of Action
	_ 🗆 Add
	_ □Remove
	_ □Change
	□Add
	_ □Remove
	_ Change
	🗀 Add
	□ Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effecti	ve date, if other than the date of filing: (optional)
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docume	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ton't's effective date on the Department of State's records.
e record	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
rd is file	d.
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Dated _	2022
	Signature of a member of a member of a member
	- Comment of the Land of the L

Filing Fee: \$25.00