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(Requestor's Name)	_
(Address)	—
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## **COVER LETTER**

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SUBJECT:	D's	Pet	Grooming	&	Boarding ind	, LLC	- 16 1	
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For further in	formation (	concernin	g this matter, pleas			·		
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Den	isse B	Bonilla			at ( <b>813_</b> _) Area Code	484-9	680	
Jan	isse B Name o	or Person				454-98		ne :Number
Enclosed is a	check for t	the follow	ing amount:					
<b>2</b> \$25.00 F	iling Fee		0.00 Filing Fee & ertificate of Status		S55.00 Filing I Certified Cop (additional copy i	y		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	ling Addre	ess:			Stree	et Address:	ection	

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

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  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 register and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	D's Yet Grooming & Boa	rding, LLC	
Florida document numberL 21000 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(A Florida Lin	nited Liability Company)	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  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 register and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	he Articles of Organization for this Limited Liability Comp	pany were filed on 9/28/2021	and assigned
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  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 register and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	lorida document number <u>L 21000 426 483</u>		
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Enter Florida street address Florida	Name of New Registered Agent:		
Enter Florida street address Florida	New Registered Office Address:		
			F3:
	·	, Florida	Zin 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>	Name	Address	Type of Action
MGR	Denisse Bonilla	9039 Arndale Cir	ZAdd
		Tampa , FL 33615	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
		<del></del>	□Change
			□ Add
			□Remove
			□Add
			Remove
	<del></del>	□ Change	
			□Add
			🗆 Remove

. II an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef	tive date, if other than the date of filing:
he reco ord is f	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 field.
Dated	10/1/2021 , 2021
	Boulla
	Signature of a member of authorized representative of a member
	Denisse Benilla Typed or printed name of signee