

121 000 454 722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

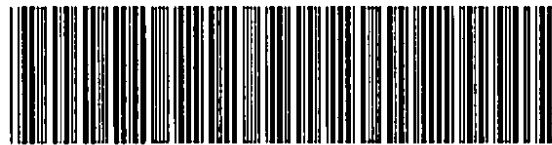
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400375374754

10/25/21--01025--010 **25.00

FILED
2021 OCT 25 AM 11:36
TALIAFERRO
STATE OF MICHIGAN

C. BRUMBLEY
NOV - 4 2021

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: PAW GRIPZ, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Milton A Ramos

Name of Person

PAW GRIPZ, LLC.

Firm/Company

8591 W 33 AVE

Address

Hialeah, FL 33018

City/State and Zip Code

imeza@bmtaccountingservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ingris Meza

305 439-2635

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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>	<u>Address</u>	<u>Type of Action</u>
P	Milton A Ramos	8591 W 33 Ave	<input checked="" type="checkbox"/> Add
		Hialeah, FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Milton F Ramos	8591 W 33 Ave	<input type="checkbox"/> Add
		Hialeah, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

10/19/2021

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated: 10/20, 2021.

Hilston Jones

Signature of a member or authorized representative of a member

Milton A Ramos

Typed or printed name of signee

Filing Fee: \$25.00