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TO:

Registration Section

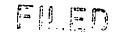
Tallahassee, FL 32314

Division of Cor	rporations		
SUBJECT: FU	RNANDOS M	OBILE PET GR	DOMING CLC
	Name of Sim	ned Elaomy Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
·	C	_	
	FERNANDO	SANTOS NOBILI Name of Person	Ē
		Name of Person	
		Firm/Company	
	15447 M	ANTINMEADOW DI	UVE
		Address	
	LITHIA , F	LOMDA 3354 City/State and Zip Code	DNIVE 344 DOD. COM Inotification) S 8637 Sytime Telephone Number S 60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) S: Section Corporations
	FERNANDOS NO E-mail address: (SBNE $ g$	fication)
For further information of	concerning this matter, please ca	all:	
EZMUALIAS (TO SIGNAT ASSERT	acu Ros	8627
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addre		Street Address:	etion
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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



2022 JAM 24 PM 3: 19

FURNANDOS MO (Name of the Limited Lie (A Flo	BILE PET GROOMENG-ULCGESTIE brida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	by Company were filed on $12-22-2021$ and assigned 07.80
This amendment is submitted to amend the following	<u>,</u> ,
A. If amending name, enter the new name of the FURNANDOS MOBI	LE PET GNOMING LLC Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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 AL	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registered</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida

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 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
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an efi <u>ote:</u>	ive date, if other than the date of filing:
ecor is fi	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 led.
ited	JANUARY 18 . ZOZZ. Lunardo San tos Malare Signature of a member or authorized representative of a member
	So C to Male
	Suparity of a member or authorized representative of a member
	Signature of a member or authorized representative of a member FERNANDO SATOS NOBILE. Typed or printed name of signee