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(Address)
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of 7/23/2022

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marie O Aristide		
		Name of Person	
		Firm-Company	
	1704 Rye Ter		
		Address	
	Wellington, FL, 33414	City/State and Zip Code	
	mariearistide81@gmail.com E-mail address: (n to be used for future annual report noti	tication)
For further information c	oncerning this matter, please co	all:	
Marie Aristide		at (561) 9071711	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 tadditional copy is enclosed
Mailing Address		Street Address:	
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 Hay 20 AH 10: 04

MEDOR SERVICE MOBILE GROOMING	LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Companyi	What .
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/03/2022	and assigned
Florida document number 1.22000008617	····	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Lubility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter th	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		ida
	City	Zip 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>	<u>Name</u>	Address	Type of Action
AMBR	Marie O Aristide	1704 Rye Ter, Wellington, Fl. 33414	■Add
			□Remove
			∏Change
			☐Add
			JRemove
			□Change
			□Remove
			□Change
			IlRemove
			ZlChange
			UJAdd
			□Change
		·	□Remove
			□Change

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Note:	ve date, if other than the date of filing:
he recor ord is fi	d 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 ed.
Dated	May 10, 2027
	Signature of a member or authorized representative of a member
	Marie Avistide Typed of printed name of signee

Filing Fee: \$25.00