## L22000038361

| (Requestor's Name)                      |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Socialism Hamber)                      |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |





500381451035

02/11/22--01014--022 \*\*30.00

11/2



February 28, 2022

DENIA SOLORZANO 7508 TAYLOR FIELD ROAD JACKSONVILLE, FL 32222

SUBJECT: MIA'S BLESSING PET SHOP LLC

Ref. Number: L22000028361

We have received your document for MIA'S BLESSING PET SHOP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 522A00004873

TERARRA A SIMMONS OPS

www.sunbiz.org

## **COVER LETTER**

| TO: Registration So<br>Division of Cor |  |   |  |                                       |             |      |
|--|--|---|--|---------------------------------------|-------------|------|
| Mia's Bless                            | sing Pet Shop                              |   |  |                                       |             |      |
| SUBJECT:                               | Name of Lin                                | nited Liability Company   |  |                                       |             |      |
| The enclosed Articles of               | Amendment and fee(s) are sub               | omitted for filing.   |  |                                       |             |      |
| Please return all correspondence       | ondence concerning this matter             | to the following:   |  |                                       |             |      |
|  | Denia Solorzano                            |   |  |                                       |             |      |
|  | <del>-,</del>                              | Name of Person  |  | _                                     |             |      |
|  | Mia's Blessing Pet Shop                    |   |  |                                       |             |      |
|  |  | Firm/Company  |  | -                                     |             |      |
|  | 7508 Taylor Field Road                     |   |  |                                       |             |      |
|  | Address                                    |   | -  |                                       |             |      |
|  | Jacksonville, FL 32222                     |   |  | 연합<br>관합                              | 2022 HAR 11 | 2 :  |
|  |  | City/State and Zip Code   |  | - <u>- 13</u>                         | 35          | 2 41 |
|  | sologroup()7@gmail.com                     |   |  | مسار<br>ا ب سر<br>ا ب م               |             | -    |
|  | E-mail address: (                          | (to be used for future annual report notifi                         | cation)  | • •                                   |             |      |
| For further information of             | oncerning this matter, please of           | call;   |  |                                       | 14:21113    | ŗ    |
| Denia Solorzano                        |  | 904 6319247<br>at ( )   |  | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | 0.1         |      |
| Name o                                 | f Person                                   |   | Telephone Number                                     | r                                     |             |      |
| Enclosed is a check for the            | he 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 F<br>Certifica<br>Certifica<br>(additional | ite of Sta<br>l Copy                  | tus &       |      |
| Mailing Addres Registration S          |  | Street Address:<br>Registration Sec                                 | tion   |                                       |             |      |
| Division of C                          |  | Division of Corp  |  |                                       |             |      |
| P.O. Box 632                           | .7   | The Centre of Ta  |  |                                       |             |      |
| Tallahassee, I                         | FL 32314                                   | 2415 N. Monroe  | Street, Suite 8                                      | 310                                   |             |      |

Taliahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mia's Blessing Pet Shop (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  $\frac{01/13/2022}{1}$ Florida document number <u>L22000028361</u> 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 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 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 |
|--------------|-----------------|---|----------------|
| AMBR         | Denia Solorzano | 7508 Taylor Field Road, Jacksonville FL 32222 | = Add          |
|              |                 |   | □Remove        |
|              |                 |   | □ Change       |
|              |                 |   | □ Add          |
|              |                 |   | Петоve         |
|              |                 |   | □ Change       |
|              |                 |   | □ Add          |
|              |                 | <del></del>                                   | □Remove        |
|              |                 |   | □ Change       |
|              |                 |   | □ Add          |
|              |                 | <u> </u>                                      | □Remove        |
|              |                 |   | ☐ Change       |
|              |                 |   | □ Add          |
|              |                 |   | □Remove        |
|              |                 |   | □ Change       |
|              | <del></del>     |   | □ Add          |
|              |                 | <del></del>                                   | □Remove        |
|              |                 |   | □Change        |

|                       | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)                             |
|-----------------------|---|
|                       |   |
|                       |   |
|                       |   |
| <del></del>           |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
| reffectiv<br>te: If t | date, if other than the date of filing:   |
| cord sp<br>s filed.   | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after t |
| ed                    | 03/07/22  |
|                       | Signature of a member or authorized representative of a member  |
|                       | Denia Solorzano  Denia Solorzano  Typed or printed name of signee   |