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COVER LETTER

TO: Registration Section **Division of Corporations** Groovy Dogs Yard Care SUBJECT: 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: William J. Luttrell Name of Person Groovy Dogs Yard Care Firm/Company 284 County Road Address Big Pine Key, Florida 33043 City/State and Zip Code groovydogsyardcare@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Luttrell Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **■** \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

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

(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited L	iability Company	were filed on FEBUAR	Y 22 2022 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	284 County Road	
(Principal office address MUST BE A STREE		Big Pine Key, Florida 3304	3
Enter new mailing address, if applicable:		284 County Road	DZZSEP 13 SEGRETAR
(Mailing address MAY BE A POST OFFICE	BOX)	Big Pine Key, Florida 3304	100 a U
B. If amending the registered agent and/or agent and/or the new registered office address	•	·	ter the name of the new registered
Name of New Registered Agent.		ad	
New Registered Office Address: 284 Co		Enter Florida street ad	dress
	Big Pine Key		Florida 33043
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Groovy Dogs Yard Care

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>	<u>Address</u>	Type of Action
AMBR	Rachel Ann Luttrell	284 County Road	
		Big Pine Key, Florida 33043	□Remove
			□Change
MGR Martina Christine Bo	Martina Christine Boyd	30886 Hammock Drive	□Add
		Big Pine Key, Florida 33043	■Remove
			SECRETARY OF STATE Change Change Change Change
	····		□ Add
			Remove
	 	Change	
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		□Change	
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September 8, 2022		
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing. Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 d is filed.	a.m. on the earlier of: (b) The 90th of	lay after the
Dated September 8 2022		
·		
Willing and Like		
William A Management of a member or authorized representation	ntative of a member	