L22000100316

	(Requestor's Name)	
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COVER LETTER

IO: Registration Se Division of Cor			
SUBJECT: <u>51</u>	raggy Wagge Name of Lim	TZ Grooming Lited Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sanc	Name of Person	
		Firm/Company	
	2385 Ja	SON St. Address	· · · · · · · · · · · · · · · · · · ·
	Merritt 1	Sland FL. City/State and Zip Code	
	SL. Gross E-mail address: (ning ZZ@ amail.co	fication)
For further information of	concerning this matter, please co	all:	
Sane 33 o	C Lewis of Person	at (<u>6/4</u>) <u>285 -</u> Area Code Daytim	r Telephone Number
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)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHACTCYWACTCT (Name of the Limited Liability (A Florida L	Company as it now appears of imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L22000100310</u>		Z-25-77 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here	:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	ug.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILE D
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	street address
		, Florida
	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 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
<u>ambr</u>	Sanessa Lewis	2385 Jason St. Merritt Island Fl 32952	MAdd
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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'ffactiv	e date, if other than the date of filing: (optional)
fan effect <u>Note:</u> If	e date, if other than the date of filing:
record s	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
Dated	March 17 . 2022
	March 17 . 2027 Signature of a member of authorized representative of a member
	Sanessa Lawis Typed or printed name of signee