L2200 102371

| (Red | questor's Name) | |
|---------------------------------------|---------------------|-------------|
| | | |
| (Add | dress) | |
| , | , | |
| | | |
| (Add | dress) | |
| | | |
| (City | //State/Zip/Phone # |) |
| | | |
| PICK-UP | TIAW | MAIL |
| | | |
| (Rue | ringge Entity Name) | |
| eud) | siness Entity Name) | 1 |
| | | |
| (Doo | cument Number) | |
| | | |
| Certified Copies | Certificates of | of Status |
| | | |
| · · · · · · · · · · · · · · · · · · · | | ·· |
| Special Instructions to Filin | ng Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only

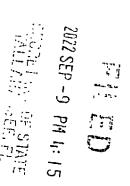


400394211404

09/12/22--01001--032 **25.00

2022 SEP -9 PH 3:58

A. BUTLER SEP - 9 2022



COVER LETTER

| BLUE BUBBLES PET SPA, LLC | | | | |
|---------------------------|---|---------------------------------|-------------------------|---|
| SUBJEC | 1: | Name of Lin | nited Liability Company | |
| The enclo | Name of Limited Liability Company nelosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Maurice Blue Name of Person BLUE BUBBLES PET SPA, LLC Firm/Company 2600 NW IST ST Address BOYNTON BEACH, FL 33435 City/State and Zip Code bluebubblesgrooming@gmail.com E-mail address: (to be used for future annual report notification) rether information concerning this matter, please call: | | | |
| Please rett | um all correspo | ondence concerning this matter | to the following: | |
| | | Maurice Blue | | |
| | | Name of Person | | |
| | | BLUE BUBBLES PET SE | PA, LEC | |
| | | Firm/Company | | |
| | | 2600 NW 1ST ST | | |
| | | | Address | |
| | | BOYNTON BEACH, FL | 33435 | |
| | | | City/State and Zip Code | |
| | | | | |
| | | | | diffication) |
| For further | information c | oncerning this matter, please c | all: | |
| Maurice B | luc | | | |
| | Name o | f Person | Area Code Daytii | me Telephone Number |
| Enclosed i | s a check for th | ne following amount: | | |
| ₩\$25.00 |) Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | | ection |
| | | | - | |
| P. | O. Box 632 | 7 | The Centre of | Tallahassee |
| T | allahassee, I | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

BLUE BUBBLES PET SPA, LLC

2022 SEP -9 PH 4: 15

| (Name of the Lim | ited Liability Comp: (A Florida Limited | my as it now ap Liability Compa | opears on our records OV) SECRETARY | OF STATE |
|---|---|------------------------------------|---|---|
| The Articles of Organization for this Limited I | liability Company | r were filed o | pears on our records "y" SECRETAGE TALLAH 02/28/2022 | SSEE, FL and assigned |
| Florida document number 1.22000102371 | enomiy Company | were med or | | and assigned |
| rionda document number | | | | |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name | of the limited liab | oility compan | y here: | |
| N/A | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," | the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | N/A | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | |
| | | | | |
| Enter new mailing address, if applicable: | | N/A | | |
| | * 12.132) | | | |
| (Mailing address MAY BE A POST OFFICE | : BOX) | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addressed and/or the new registered office addressed Name of New Registered Agent: | | atturess on ot | ir records, <u>enter t</u> | ne name of the new registered |
| New Designand Office Address | | | | |
| New Registered Office Address: | | Enter | Florida street address | |
| | | | Flo | rida |
| | | City | | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | | |
| I hereby accept the appointment as registere provisions of all statutes relative to the propaction as registere accept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this | per and complete istered agent as p registered office | performance provided for | of my duties, and in Chapter 605, F | Ham familiar with and 'S Or, if this document is |
| | If Chan | iging Registerec | 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 |
|--------------|--------------|---------------------------------------|----------------|
| MGR | Maurice Blue | 2600 NW IST STBOYNTON BEACH, FL 33435 | ≣ ∧dd |
| | | | □Remove |
| | | | □Change |
| CEO | Maurice Blue | 2600 NW 1ST STBOYNTON BEACH, FL 33435 | □Λdd |
| | | | ≣Remove |
| | | | DChange |
| | | | OAdd |
| | | | □Remove |
| | | | ©Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Chanµe |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Chan |

| t am requesting that my title for the Limi | ed liability Company be changed from "CEO" to "MGR" | , |
|---|--|---------------|
| I am needing to open a buisiness account and I am | nable to do that with my title as a CEO. I am the only per | rson |
| Authorized to conduct business unther this LLC. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| • | | |
| | | |
| • .= | | |
| | | - |
| | | |
| | | |
| | | |
| | | |
| 9/10/2 | 112 | |
| ective date, if other than the date of filing: | prior to date of filing or more than 90 days after filing.) Pursuant | t to 605.0207 |
| | pplicable statutory filing requirements, this date will not | |
| · | | |
| cord specifies a delayed effective date, but not an effect filed. | ive time, at 12:01 a.m. on the earlier of: (b) The 90th da | y after the |
| _ | Notary Public S Ricky L Sloat | n Jr |
| $C \cap D$ | | |
| Scp 8, 2022. | My Commission Expires 02(29/ | n GG 958137 |
| Scf. 8 2022. | My Commissio | n GG 958137 |

Filing Fee: \$25.00