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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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| | Registration : Division of C | | | | |
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| SUBJEC | | OG GROOMING, LLC | | | |
| 300320 | .l | Name of Lii | mited Liability Company | | |
| The enclo | osed Articles o | of Amendment and fee(s) are su | bmitted for filing. | | |
| Please re | turn all corres _i | oondence concerning this matter | r to the following: | | |
| | | AMY COXE | | | |
| | | | Name of Person | | |
| | | CUTE DOG GROOMING | G, INC. | | |
| | | | Firm/Company | | |
| | | 7831 NW 175 STREET | | | |
| | | | Address | <u> </u> | |
| | | HIALEAH, FL 33015 | | | |
| | | | City/State and Zip Code | | |
| | | amymichcoxe@gmail.com | | | |
| | | E-mail address: | (to be used for future annual report no | tification) | |
| For further | er information | concerning this matter, please c | call: | | |
| AMY CC | XE | | 954 854-7416 at () | | |
| | Name | of Person | | ne Telephone Number | |
| Enclosed | is a check for | the following amount: | | | |
| ■ \$25.0 | 0 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 (additional copy is enclosed) | |
| | <u>dailing Addre</u> Registration | | Street Address: | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | | |
| F | P.O. Box 632 | 27 | The Centre of | | |
| Γ | Callahassee, | FL 32314 | | ne Street Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -2 AM 8: 10

CUTE DOG GROOMING, LLC

(Name of the Limited Liability Company as it now appears on our records.) Line I ALLAHASSEE EL

| | TELANASSEE, FL |
|---|-----------------------------------|
| The Articles of Organization for this Limited Liability Company were filed on 4/27/22 | and assigned |
| Florida document number L22000199870 | |
| 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 "L | LLC" or the abbreviation "L.L.C." |
| 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) | |
| | |
| R If amonding the positional and the second | |
| B. If amending the registered agent and/or registered office address on our records, <u>ent</u> agent and/or the new registered office address here: | er the name of the new register |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street add | ress |
| | |
| • | Elorida |
| | Florida Zip Code |

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 |
|--------------|-------------|--------------------------------------|----------------|
| MGR | AMY M COXE | 7831 NW 175 STREET HIALEAH, FL 33015 | ≘ Add |
| | | | □Remove |
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| AR | AMY M COXE | 7831 NW 175 STREET HIALEAH, FL 33015 | 🗆 Add |
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| fan effed <mark>Note:</mark> 1 | ve date, if other to ctive date is listed, the listed inserted in the date inserted in the date of the | e date must be specifi in this block does i | ic and cannot be p not meet the app | olicable statutory | g or more than 90 v filing requiren | (optiona days after filin nents, this dat | Pursuant to 6 | 05.0207 sted as |
| record | specifies a delayeded. | l effective date, bu | t not an effectiv | e time, at 12:01 | a.m. on the ear | lier of: (b) | 'he 90th day af | ter the |
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