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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Shear Mayic Mubile Pet Spa LLC 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:
Alyssa Farber Name of Person
Shear Munic Mobile Pet Spalle Film/Company
804 Baurcliff Dr Address
Valcico, FL 33S9Ll City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Shear Mugic	Muhi	ke 1	Pet Si	pa Ll	2022 JUN -7 AM 11:	4
(Name of the Limited I	iability Company Florida Limited Lie	y as it now ability Com	appears on ou pany)	r records.)	SEURLIARY UL 387 TALLAHASSEL, FI	1
The Articles of Organization for this Limited Liabi	lity Company w	vere filed	on <u>DS/</u> ()9120	$\frac{72}{2}$ and assigned	-
Florida document number <u>1720007</u>	7 503					
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited liabili	ity compa	anv here:			
The new name must be distinguishable and contain the word	s "Limited Liabilit	y Company	," the designati	on "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicabl	e:					
(Principal office address MUST BE A STREET A	(DDRESS)					
						
Enter new mailing address, if applicable:			<u></u>			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>					
B. If amending the registered agent and/or regi agent and/or the new registered office address h		idress on	our records	s, <u>enter the n</u>	name of the new registered	Ī
Name of New Registered Agent:						
New Registered Office Address:						
		tsn	iter Florida stre			
-		City		, Florida	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 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	Alyssa Farber	804 Branchiff Dr	\$\fomagaz \fomagaz Add
		804 Branchiff Dr Valnico FL 33594	□Remove
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d specifies	s a delayed effecti	ve date, but no	ot an effectiv	e time, at 12:0	l a.m. on the	earlier of: (b)	The 90th	day afte
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	Jan Vije de	Signature of a	member or a	uthorized repre	sentative of a n	ember		