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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(,	,
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Certified Copies	Cortification	of Status
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Special Instructions to	Filing Officer:	

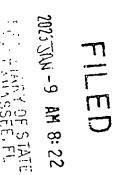
Office Use Only



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3/16/23 VLL



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Cat & Ka	dendle 11C	
SOBJECT.	Name of Lim	doodle LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	la	wra Leister Name of Person	
		+ + Kadoodle LL Firm/Company	C
	3540 Jpit	er BLUD SE Ste 3	
		PALM BAY FL 3:29 City/State and Zip Code	
		dodle P amail. C	om ation)
For further information co	oncerning this matter, please c	all:	
Laura Name o	Leister	at (<u>321</u>) <u>104-6</u> Area Code Daytime T	1754 elephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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)
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	<u>Street Address:</u> Registration Secti Division of Corpo The Centre of Tal	orations
Tallahassee, I		2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(at d	Kadcodle LLC	_
(<u>Name</u> of the <u>Limited Liabil</u> (A Florid	lity Company as it now appears on our r la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability		1, 7022 and assigned
Florida document number <u>L22000303</u>	746	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Cat + Kadocdle Pe- The new name must be distinguishable and contain the words "Lin	t Grooming, LLC	with a second to the second to
The new name must be distinguishable and contain the words "Lif	mb, J Liability Company. The designation	"LEC or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	73
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		E S 8
		22 ATE
D. If any ording the anxiety and a section of	. 1 CC 11	a cab conservation
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uddress
		Florida
	City	Zip Code
N. B. J. J. W. W. J. J. B. J. B. J. J. J. B. J. J. J. B. J.	•	•

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	Brian Jones	554 Karney Ave NE	£Xxdd
		PALM Bay FL 32907	□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			🗀 Add
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(If an effe <u>Note:</u> 1	we date, if other than the date of filing:
he record ord is file	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 ed.
Dated_	January 3 Joseph Joseph Janua Lusto
	$\varphi \qquad \varphi = \varphi_{-i}$
	$\sim 10^{-10}$
	Signature of a member or authorized representative of a member