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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone : (305)298-6579 Fax Number : (305)643-5225

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: <u>OCIMIR SORVICES</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABC MOBILE PET GROOMING LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABC MOBILE PET GROOMING LLC		
(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/31/2022	and assigned
Florida document number L22000382901		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
ABC MOBILE GROOMING LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		F.1
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	ime of the new registered
		022 Mari
Name of New Registered Agent:		SE SE
<u></u>		F11 20
New Registered Office Address:	Enter Florida street address	
	. Florida	18 19 19 19 19 19 19 19 19 19 19 19 19 19
	City , Florida _	Zip Code
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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.

FAX No.	305-643-5225	P. 003	_
	البائل الصامت بالما	~~~~	_

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	AMILKA LEAL FIGUEROA	2955 NW 100TH ST	□Add
		MIAMI FL 33147	□ Remove
			☐ Change
MGR	FERNANDO CEDENO	2955 NW 100TH ST	□Add
		MIAMI FL 33147	□Remove
	•		≣ Change
			□Add
			TRemove
			□Change
	<u> </u>		□ Add
			□Remove
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<u>Note:</u> If the	e date inserted i	han the date of edate must be speci in this block doe on the Departme	es not meet th	re applicable	te of filing or more statutory filing t	(opti c than 90 days after requirements, th	ional) r filing.) Pursuant is date will not b	to 605.0207 e listed as
record spe d is filed.					it 12:01 a.m. on	the earlier of: (1	o) The 90th day	after the
Dated	Sept.	embur, d	<u>vo</u> , _e	2022.				
	FAR	V						
	20-12				-			_
-		Signatur			representative of	a member		