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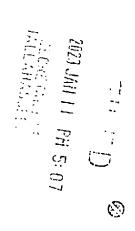
(Re	questor's Name)	
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PICK-UP	MAIL MAIL	
(Bu	isiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	J. HORNE	
	MAR 2 0 2023	
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## COVER LETTER

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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Salty Paws Dog Grooming 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:
David Hunter Dirda  Name of Person  Salty Paus Dog Growing  Firm/Company
3474 S Apopka Aue
Inverness, FL 34452  City/State and Zip Code
Salty Paus Doy Grooming @ Gmail, Com E-mail address: (6) be used for future annual report notification)
For further information concerning this matter, please call:
David Hunter Dirda at 352, 560-1992  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$30.00 Filing Fee & Certificate of Status  □ \$55.00 Filing Fee & Certificate of Status  □ \$60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salty F	) QWS ited Liability Compa	Dog any as it now ar	Grooming the state of the state		•
\ <u></u>	(A Florida Limited	Liability Compa	ny)	<i>-</i>	
The Articles of Organization for this Limited L	Liability Company	were filed or	12/7/2	<u> </u>	nd assigned
This amendment is submitted to amend the foll	lowing:				
A. If amending name, <u>enter the new name o</u>	of the limited liab	oility compan	<u>v here</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company,"	the designation "LLC	" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applic	cable:			·	
(Principal office address MUST BE A STREI	ET ADDRESS)				
				<del>,</del>	<del></del>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			<del></del>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or agent and/or the new registered office addre		address on o	ur records, <u>enter</u>	the name of th	e new registered
Name of New Registered Agent:	David	1 Hu	nter D	irda	
New Registered Office Address:	3474	5 Apor	Florida street addres	53	
	Inverse	255	, F1	orida 34 <sup>L</sup>	152
		Circ		Zin	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 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>	Name	Address	Type of Action
MGR	David H Dirda	3474 S Apopk Ave	XAdd
		3474 S Apopk Ave Inverness FL, 34452	🗆 Remove
			□Change
			□Add
			□Remove
			Change
•			🗆 Add
			□Remove
			Change
<del></del>			□Add
			□Remove
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			□Add
			□Remove
			□Change

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	Continual
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory tument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
cord specifies a delayed effective date, but not an effective time, at 12:01 a s filed.	i.m. on the earlier of: (b) The 90th day after the
ed	
Signature of a member or authorized representa	ative of a member
David Hunter Divan Typed or printed name of sign	

Filing Fee: \$25.00