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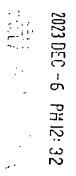
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hidden Hydrant Pet Salan and Maycrand 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:
Crystal Warhatselos Name of Person
Hidden Hydrant-Pet Salonand-Hayground LLC.
7115 60th Way 1
Pinellas Part FL 33781 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Crystal Narhalselos at (727) 296-9446 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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.

City

Florida

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
			□Add
			□Remove
			Change
			□Add
			□Remove
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record specifi is filed.	es a delayed effe	ctive date, but no	ot an effective t	ime, at 12:01 a.r	n. on the earlier	of: (b) The 90th	n day after the
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ated		Conta	hould a member or auth	orized representat	ive of a member		

Filing Fee: \$25.00