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## 'COVER LETTER

**Registration Section** 

TO:

**Division of Corporations** Love 4 paws mobile grooming, LLC SUBJECT: 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: Karen Ferrera Name of Person Firm/Company 2731 31st Ave NE Address Naples, FL 34120 City/State and Zip Code love4pawsgrooming@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Silva Name of Person Enclosed is a check for the following amount: **☆** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Love 4 paws mobile grooming, LLC				
( <u>Name of the Limited</u> ) (A	Liability Compa Florida Limited L	ny as it now appears on out ability Company)	r records.)	
The Articles of Organization for this Limited Liabs Florida document number L24000017627	ility Company	were filed on 01/06/202	4 and as	signed
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th				
			the abbreviation	₽L.C."
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable	s "Limited Liabili	ty Company," the designati	on "I.I.C. of the doller	77L -
Enter new principal offices address, if applicabl	e:			<u>کے ۔۔۔۔</u> کا
(Principal office address MUST BE A STREET)				<del> </del> ·
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B. If amending the registered agent and/or regi	istered office a nere:	ddress on our records	, <u>enter the name of the n</u>	ew registered
Name of New Registered Agent:	Karen Silva			<del></del>
New Registered Office Address:		Enter Florida stre	et addr <del>e</del> ss	<del></del>
			, Florida	
		Ciņ	Zip Code	•
New Registered Agent's Signature, if changing Reg				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete red agent as p gistered office	performance of my d provided for in Chapt	ities, and 1 am familiar w 2r 605, F.S. Or, if this do	run ana cument is

If Changing Registered Agent, Senature 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

Title	Name	Address	Type of Action
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	amendment my marriage license.
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Tect	ive date, if other than the date of filing:
	If the date incerted in this block does not meet the applicable stated of thing requirements, this date
cun	nent's effective date on the Department of State's records.
	The 90th day after the
ecor is fi	d 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
ited	
	124/

Filing Fee: \$25.00

\*\*\* INSTR 6370339 OR 6220 PG 3608 RECORDED 3/3/2023 10:00 AM PAGES 1 CLERK OF THE CIRCUIT COURT AND COMPIROLLER, COLLIER COUNTY FLORIDA REC \$10.00

1622 OCEANIA DR S UNIT 101 NAPLES FLORIDA 34113-8689

Department of Health - Office of V4al Statistics

STATE OF FLORIDA MARRIAGE RECORD TYPE IN UPPER CASE

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State of FLORIDA County of Collier

I HEREBY CERTIFY THAT this is a true and correct copy of a document recorded in the OFFICIAL RECORDS of Collier County WITNESS my hand and official seal date, 3/3/2023
CRYSTAL K. KINZEL
CLERK OF THE CIRCUIT COURT AND COMPTROLLER