

L24 0000 17627

(Handwritten mark)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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03/05/24--01016--005 **30.00

2024 APR - 1 PM 5:35

F-11 0011

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Love 4 paws mobile grooming , LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/06/2024 and assigned
Florida document number L24000017627.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Karen Silva

New Registered Office Address: _____

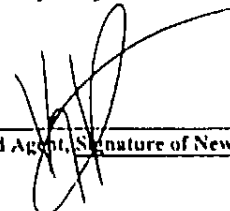
Enter Florida street address

_____, Florida _____
City Zip 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

1622 OCEANIA DR S UNIT 101
 NAPLES FLORIDA 34113-8689

Department of Health - Office of Vital Statistics

STATE OF FLORIDA
 MARRIAGE RECORD

TYPE IN UPPER CASE
 USE BLACK INK

This document will adhere to seal of Clerk,
 Circuit or County Court, appropriate location.

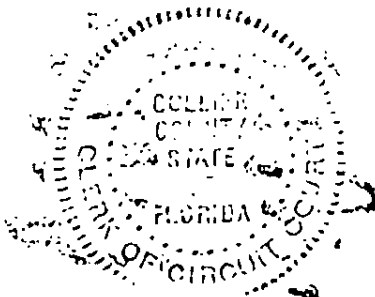
(STATE FILE NUMBER)



23-51731

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1 NAME OF SPOUSE (Print Name Last) KAREN FERRERA		15 MARRIAGE LICENSE (if applicable)	
2 ADDRESS - CITY, TOWN OR LOCATION NAPLES		30 COUNTY COLLIER	35 STATE FLORIDA
3 NAME OF SPOUSE (Print Name Last) FELIPE SILVA		4 DATE OF BIRTH (Month Day Year) NOVEMBER 5 1987	
4 ADDRESS - CITY, TOWN OR LOCATION NAPLES		30 COUNTY COLLIER	35 STATE FLORIDA
5 NAME OF SPOUSE (Print Name Last) FELIPE SILVA		6 DATE OF BIRTH (Month Day Year) JULY 31 1989	
6 ADDRESS - CITY, TOWN OR LOCATION NAPLES		30 COUNTY COLLIER	35 STATE FLORIDA
7 BIRTHPLACE (State or Foreign Country) CUBA			
8 BIRTHPLACE (State or Foreign Country) COLOMBIA			
WE THE OFFICIALS ISSUED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND WE HEREBY APPLY FOR LICENSE TO MARRY			
9 SIGNATURE OF SPOUSE (Sign full name using black ink)		10 SIGNED AND SIGNED TO BEFORE ME ON (DATE) 02/24/2023	
11 TITLE OF OFFICIAL DEPUTY CLERK, ANDREA C. HENRIQUEZ		12 EXPIRATION OF OFFICIAL (Date black ink) -	
13 SIGNATURE OF SPOUSE (Sign full name using black ink)		14 SIGNED AND SIGNED TO BEFORE ME ON (DATE) 02/24/2023	
15 TITLE OF OFFICIAL DEPUTY CLERK, ANDREA C. HENRIQUEZ		16 EXPIRATION OF OFFICIAL (Date black ink) -	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON QUALIFIED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID			
17 COUNTY ISSUING LICENSE COLLIER COUNTY	18 DATE LICENSE ISSUED 02/24/2023	19 DATE LICENSE EFFECTIVE 02/27/2023	20 EXPIRATION DATE 04/25/2023
21 SIGNATURE OF COUNTY CLERK OR JUDGE <i>[Signature]</i>		22 TITLE DEPUTY CLERK, ANDREA C. HENRIQUEZ	23 BY D.C. ACH
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA			
24 DATE OF MARRIAGE (Month Day Year) March 3, 2023		25 CITY, TOWN, OR LOCATION OF MARRIAGE NAPLES	
26 SIGNATURE OF PERSON PERFORMING CEREMONY (Date black ink) <i>[Signature]</i>		27 ADDRESS FOR PERSON PERFORMING CEREMONY 3319 PENNINGTON BL NAPLES, FL 34112	
28 NAME AND TITLE OF PERSON PERFORMING CEREMONY Stephanie L Carr Deputy Clerk		29 SIGNATURE OF WITNESS TO CEREMONY (Date black ink) -	



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

BY: *[Signature]* D.C.