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COVER LETTER

	TO: Registration Section Division of Corporations
Roomina, LL	SUBJECT: South Raw Name of I
d Liability Company	Name of I
itted for filing.	The enclosed Articles of Amendment and fee(s) are a
the following:	Please return all correspondence concerning this mat
Heen Name of Person	Becky SI
firm Company	
<u>Ln ±1903</u> Address	3101 SE ASA
34994 City/State and Zip Code V Mo. 1 - Com be used for future annual report notification)	Stuart, F
	<u>YS MASHEE</u> E-mail addres
	For further information concerning this matter, pleas
at (772) 485 5164 3	Becly Shasteen Name of Person
	Enclosed is a check for the following amount:
☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. ☐ Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	▼ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status
Street Address: Registration Section Division of Corporations The Contract Tellahorana	Mailing Address: Registration Section Division of Corporations P.O. Pow 6327
at (772) 485 5164 Area Code Daytime Telephone Number S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Street Address: Registration Section	Becky Shasteen Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Mailing Address: Registration Section

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	o Grooming LLC	
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
Florida document number <u>L2400003498</u>		24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	abbreviation "E.I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		र हो
B. If amending the registered agent and/or register	ed office address on our records, <u>enter the ma</u>	
agent and/or the new registered office address here	:	7.7
Nicona (Nicona) Davida (na 1. A na na na		<u>ن</u>
Name of New Registered Agent:		
New Registered Office Address:	F 47 17	9
	Enter Florida street address	
	Florida	Zip Code
	City	Zip Cade

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 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 2101 SE ASTROLA #1903	Type of Action
M <u>GR</u>	Becky Shasteen	Address 3101 SE Aster Ln #1903 Stuart, FL 34994	MAdd
			□Remove
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Note: If the date	f other than the data s listed, the date must be inserted in this block tive date on the Depar	does not me	et the applic	able statutory	or more than 90 c filing requirem	(optiona days after filin ents, this dat	l) g.) Pursuar e-will not	u to 605.020 be listed a	07 (3)() as the
f the record specifies ecord is filed.	a delayed effective da	te, but not a	n effective ti	me, at 12:01 a	.m. on the earli	er of: (b) - 1	he 90th d	ay after th	e
Dated	2/19 B S		<u>2024</u>	·					
	75 5	shast.	22m						
	Sign	nature of a me	ember or author	orized representa	ttive of a membe	r			