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COVER LETTER

Divisio	n of Corporations	
SUBJECT:	MASTER PET STYLES LLC	
	Name of Limited Liability Company	nitted for filing. The following: INE VILLANI Name of Person PET STYLES U.C. Firm/Company SRACKEN LANE Address NE FL. 32940 City/State and Zip Code @ peticures grooming, combe used for future annual report notification) I:
The enclosed A	ticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	CHRISTINE VILLANI	
	Name of Person	
	MASTER PET STYLES U.C.	
	Firm/Company	
	8031 BRACKEN LANE	
	Address	
	MELBOURNE FL. 32940 City/State and Zip Code	
	joey. villania peticures grooming, col	M
For further infor	mation concerning this matter, please call:	
CHRIS	TINE VILLANI at (321) 343 - 6482 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a ch	eck for the following amount:	
□ \$25.00 Filin	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	

TO:

Registration Section

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

Street Address: 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

imited 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 ______/

Florida document number ___ L 2 4 2000 41672 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MASTER PET STYLING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address

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>	<u>Address</u>	Type of Action
			□Add
			□Rетюче
			□Change
			🗀 Add
			□Remove
			□Remove
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			□Remove
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			□Remove

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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lf an efl Note:	tive date, if other than the date of filing:	207 Las
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of
Dated	FEB. 9 2024	
	Signature of a member or authorized representative of a member	
	CHRISTINE VILLANI	