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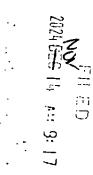
	 	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Troomed to Perfection 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:
Brittni King Name of Person
Unleashed Mobile Pet Ctrooming ill Firm/Company
5202 Miller Bluff Rd Address
Milton IFL 32583 City/State and Zip Code
brittni King 22 @ gmail. Com E-mail address: (to be used for future annual report notification)
For turther information concerning this matter, please call:
Brittni King at (850) 910-5407 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Solutional oppy it enclosed) \$ \$60.00 Filing Fee, Certificate of Status St

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 OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24 000 1277 64</u>	were filed on 03/14/24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability Control of the Con	rooming LLC ity Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	5202 Miller Bluff Rd
(Principal office address MUST BE A STREET ADDRESS)	Milton, FL 32583
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida
	City Zip Ende
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>	Name	Address	Type of Action
Mr_	Terry King dr.	5202 Miller Bluff Rd	□Add
		Milton, FL 32583	KRemove
			□Change
_			
			□Remove
			Change
			□Add
			□Remove
			□ Change
			Remove
			□Change
			□Add
			Remove
			□Change
		□Add	
			□Remove
			Change

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lf an ef Note:	ive date, if other than the date of filing:
ne reco ord is f	rd 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 led.
Dated	November Du 2024.
	Signature of a member or authorized representative of a member
	Ran Visa
	Typed or printed name of signee

Filing Fee: \$25.00