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AP

COVER LETTER

TO:

TO: Registration Division of C				
CURLY CURLY	CURLY TAIL CARE COMPANY, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles (of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	ERIC M LYMAN			
		Name of Person		
		Firm/Company		
	70 LOS LAGOS BLVD			
	DALMA (VAACT, IN 22122	Address		
	PALM COAST, FL 32137	City/State and Zip Code		
	E-mail address: (to be used for future annual report no	tification)	
For further information	concerning this matter, please c	all:		
ERIC M LYMAN		405 206-3817		
Name	of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration		Street Address: Registration Se	ection	
Division of Corporations		Division of Co		
P.O. Box 63	27	The Centre of	•	
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CURLY TAIL CARE COMPANY, LLC		FA Ers	
(<u>Name of the Limited Lia</u> (A Floi	bility Company as it now appears on our re- rida Limited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability		2024 SEP -3 AH 6:54 SEORETANY OF STATE TALLAHASSEE, FL	
Florida document number L24000304701		TALLAHASSEF FI	
This amendment is submitted to amend the following:	:		
A If amending name, enter the new name of the li	imited liability company here:		
The new name must be distinguishable and contain the words "L	imited 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 ADd	DRESS)		
	-	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		4	
(Mailing address MAY BE A POST OFFICE BOX)		·····	
R. If amending the registered agent and/or register agent and/or the new registered office address here		ter the name of the new registered	
	•		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u> </u>		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 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	Type of Action
MGR	ERIC MICHAEL LYMAN	70 LOS LAGOS BLVD	■Add
		PALM COAST, FL 32137	□Remove
			□Change
AMBR ERIC MICHAEL LYM	ERIC MICHAEL LYMAN	70 LOS LAGOS BLVD	■Add
		PALM COAST, FL 32137	□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			Change
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			Change
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			Remove
			□Change

		
		
		
. Effective	date, if other than the date of filing:	07
Note: If t	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.	as th
the record sp cord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ıc
Dated	7/28 2024 J	
	9i Nurvey N	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00

Typed or printed name of signce