P08000037199

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NOV 20 2009

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	DRATION:C	PRANGE GROOMING & SI	PA INC
DOCUMENT NUM	1BER:	P08000037199	
The enclosed Article	es of Amendment and fee a	are submitted for filing.	
Please return all corn	respondence concerning th	is matter to the following:	
	PE1	NELOPE GONZALEZ	
_	1	Name of Contact Person	
	ORANGE	E GROOMING & SPA INC	
_		Firm/ Company	
48 NE 117 ST			
Address			
		MIAM'I FL 33161	
_	(City/ State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification)	***************************************
For further informat	ion concerning this matter.	, please call:	
PENEL	OPE GONZALEZ	at (786) 2	222070
Name o	f Contact Person	at (786) 2 Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amount t	made payable to the Florida Depar	tment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 323(1

Articles of Amendment to . **Articles of Incorporation**

ZUBG NOV 16 AM 10: 07

TALLAHASSEE, FLORIDA of

ORANGE GROOMING & SPA INC.

(Name of Corporation as currently filed with the Florida Det. of State)

P08000037199

(Document Number of Corporation (if known)

owing

Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		Profit Corporation adopts the following
A. If amending name, enter the new nam	e of the corporation:	
TH	E PET MODE INC	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Ii c," or	"Co". A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/o new registered agent and/or the new r		ida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addre:	,
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		cept the obligations of the position.
-	Signature of New Registered Ages	nt, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Tit e</u>	<u>Name</u>	<u>Address</u>	Type of Action
	nding or adding additional Articles additional sheets, if necessary). (E		
provis	mendment provides for an exchargions for implementing the amendration applicable, indicate N/A)		
	-		

The date of each amendmen	t(s) adoption: 11/12/2009
Effective date <u>if applicable</u> :	11/12/2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Ad option of Amendment(s)	(CHECK ONE)
	are adopted by the shareholders. The number of v -tes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/we action was not required. ☐ The amendment(s) was/we	ere adopted by the board of circ ctors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
action was not required. Dated 11/1	2/2009 (anglobe Gonzoles
sel	y a director, president or other officer—if directors or officers have not been ected, by an incorporator—if in the hands-of-a-receiver, trustee, or other court pointed fiduciary by that fiduciary)
	PENELOPE GONZALEZ
	(Typed or prit ted name of person signing)
	PRESIDENT
	(Title of person signing)