## P110000040947

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C. GOLDEN
JUN 1 4 2017

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MARIO'S PET G	ROOMING, INC			
DOCUMENT NUM	P11000040947				
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	NUBIA GARCIA				
		Name of Contact Person	n		
	NG ACCOUNTING AND T	AX SERVICES			
	<del></del>	Firm/ Company	<del></del>		
	1900 SABAL PLAM DR SUITE 101				
	Address				
	DAVIE, FL 33324				
		City/ State and Zip Cod	<u> </u>		
nubia	iegarciae@gmail.com				
	- 00	sed for future annual report	notification)		
For further information	n concerning this matter, plea:	se call:			
	n concerning and matter, prea	ac can.			
NUBIA C GARCIA		at (	781-4165 _)		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

## , Articles of Amendment

FILEO

2017 JUN - 9 PM 3: 19

	•	•	to
			Articles of Incorporation
			of
ADJOYS DET CHOOMING INC			

	urrently filed with the Florida Dept. of State) 5 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
P11000040947	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporati	ion:
MICHELLE'S PET GROOMING INC	
	Thenew_ poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the iation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	orida street address)
Name Description of Office and Description	P1
New Registered Office Address:	, Plorida (City) (Zip Code)
	· · · · · · · · · · · · · · · · · · ·
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
Signature of	New Registered Agent, 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)

Please note the officer/director title by the first letter of the office title.

P = President; V = Vice | President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
St. Change				
5) Change		<del>_</del>		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
V =	
	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
<u></u>	

	05/31/817	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
•	/31/17	
There date in appropriate.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date with Department of State's records.	Il not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
05/31/17 Dated		
Signature 1	· licke lot 3 sole	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	MICHELLE SANCHES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	