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JUN 2 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:FURRY SEASON	S PET GROOMING, INC			
DOCUMENT NUMI	P15000081294				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Rosemar F. Goldstein				
	Name of Contact Person				
		Firm/ Company			
	10297 Allamanda Blvd				
		Address			
	Palm Beach Gardens, FL 334	10			
		City/ State and Zip Cod	e		
Lind	a@daecpa.net				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas		508 2380		
		at () 398-2380		
Name (of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made j	payable to the Florida Depa	artment of State:		
S35 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)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 nhassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FURRY SEASONS PET GROOMING, INC.

(Name e	of Corporation as current	ly filed with the Florida Dep	t. of State)	
P15000081294				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the fo	llowing amendment(s)
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpor		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		10297 Allamanda Blvd		
		Palm Beach Gardens, FL 33410		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)				SU OFIC WHASSE
D. If amending the registered agent an new registered agent and/or the new			me of the	7:52 FLE
Name of New Registered Agent	Rosemar F. Goldstein			
	10297 Allmanda Blvd			
	(Florida st	rect address)		
New Registered Office Address:	Palm Beach Gardens		. Florida 33	410
new negisierea Office Address.	(City)		_,	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>e</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	AYAL GOLDSTEIN		7803 RED RIVER ROAD
Add				WEST PALM BEACH, FL 33411
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				,
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

. If amending or adding additional Articles, enter of (Attach additional sheets, if necessary). (Be specification)			
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		-	
If an amendment provides for an exchange, recla	ssification, or cancel	lation of issued share	<u>s,</u>
provisions for implementing the amendment if n (if not applicable, indicate N/A)	ot contained in the a	imendment itself:	
yal Goldstein, shareholder, relinquishes all shares.			
	_		
	<u></u>		
			-

6/5/2019	, it other than the
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	inent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s must be separately provided 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	eholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Dated 6. 14. 2019	
Signature (By a director, president or other officer – if directors or officers have not	haan
selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
ROSEMAR F. GOLDSTEIN	
(Typed or printed name of person signing)	
PRES.	
(Title of person signing)	-