P16000020359

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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Tomas' Pet Groom	ing Corp.			
DOCUMENT NUM	DOCUMENT NUMBER: P16000020359				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Leminyer Zapata				
		Name of Contact Person	I		
		Firm/ Company			
	1610 SW 87 Ave				
		Address			
	Miami Fl 33165				
		City/ State and Zip Code			
ju@j	upalaw.com				
	·	sed for future annual report	notification)		
			: · · ·		
For further informatio	n concerning this matter, pleas	se call:			
Jesus Uriarte		at (
Name	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Div P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

TOMAS' PET GROOMING CORP.	16 APR 18 PM 1:51
	currently filed with the Florida Dept. of State)
P16000020359	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporate	tion:
N/A	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	-
D. If amending the registered agent and/or registered offine new registered agent and/or the new registered office:	ice address in Florida, enter the name of the
N/A	auu css.
Name of New Registered Agent	
(FI	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fa	uniliar 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 <math>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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PS	Leminger Zapata	1610 SW 87 Ave
Add			Miami Fl 33165
X Remove			
2) Change	PS	Leminyer Zapata	1610 SW 87 Ave.
X Add			Miami Fl 33165
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change	**********		
Add			
Remove			
6) Chamas			
6) Change	-		
Add			
Remove			

E. <u>[</u>	If amending or adding additional Artick Attach <i>additional sheets, if necessary).</i>	es. enter change(s) here: (Be specific)
N/A		toe alterdial
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		-
F . I	If an amendment provides for an exchar	nge, reclassification, or cancellation of issued shares,
_	provisions for implementing the amend (if not applicable, indicate N/A)	lment if not contained in the amendment itself:
N/A		
	**	
		

The date of each amendment(s) adoptio	n:
date this document was signed.	SECRETARY OF STATE DIVISION OF CORPORATIONS
Effective date if applicable:	
	(no more than 90 days after amendment file date) 16 APR 18 PM 1:51
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.
	by the shareholders through voting groups. The following statement 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 action was not required.	y the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder
nululai	11/6
Dated 07/11/20	10 The second se
Signature	, president or other officer - if directors or officers have not been
	n incorporator - if in the hands of a receiver, trustee, or other court
appointed fid	uciary by that fiduciary)
Lemi	nyer Zapata
	(Typed or printed name of person signing)
PS	
	(Title of nerson cigning)