

# P23000050110

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900412406249

07/21/23--01032--007    \*\*43.75

2023 JUL 21 PM 2:56  
CLERK OF STATE  
TALLAHASSEE, FL

R. HUNT

6/21/23

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Poodles N Doodles Corp

DOCUMENT NUMBER: p23000050110

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Morillo

Name of Contact Person

Poodles N Doodles Corp

Firm/ Company

2950 NW 106th ave Apt 5

Address

Sunrise/FL 33322

City/ State and Zip Code

pocketdoggrooming@gmail.com

E-mail address: (to be used for future annual report notification)

FILED  
TALLAHASSEE FL  
JAN 21 PM 2:56

For further information concerning this matter, please call:

Jennifer Morillo

at ( 754 )

317-7626

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Poodles N Doodles Corp

p23000050110

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

Pocket Pet Boutique Corp

**B. Enter new principal office address, if applicable:**

[illegible]

**(Mailing address MAY BE A POST OFFICE BOX)**

21 PM 2:56  
HAY STATE  
HOSSEE, FL

## Name of New Registered Agent

[illegible]

(Florida street address)

*New Registered Office Address:*

\_\_\_\_\_, Florida

(City)

(Zip Code)

*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

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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:

☒ Change                      PT      John Doe

☒ Remove                      V      Mike Jones

☒ Add                              SV      Sally Smith

| Type of Action<br>(Check One) | Title | Name | Address |
|-------------------------------|-------|------|---------|
|-------------------------------|-------|------|---------|

|                                    |       |       |       |
|------------------------------------|-------|-------|-------|
| 1) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add       | _____ | _____ | _____ |
| <input type="checkbox"/> Remove    | _____ | _____ | _____ |
| 2) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add       | _____ | _____ | _____ |
| <input type="checkbox"/> Remove    | _____ | _____ | _____ |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add       | _____ | _____ | _____ |
| <input type="checkbox"/> Remove    | _____ | _____ | _____ |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add       | _____ | _____ | _____ |
| <input type="checkbox"/> Remove    | _____ | _____ | _____ |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add       | _____ | _____ | _____ |
| <input type="checkbox"/> Remove    | _____ | _____ | _____ |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add       | _____ | _____ | _____ |
| <input type="checkbox"/> Remove    | _____ | _____ | _____ |

RECEIVED  
JAN 21 PM 2:56  
STATE  
TREASURY  
FL

2021 21 PM 2:56  
FLORIDA STATE  
ADMISSIONS

115

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

08/01/2023

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, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement 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)

Dated 07/17/2023 \_\_\_\_\_

Signature *J*  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jennifer Morillo

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

2023 JUL 21 PM 2:56  
DEPT OF STATE  
TOLSON/ASST. SEC. II