,7/1/2025 1:07 PM FROM: Office Depot #4 P. 1 / 5

Florida Department of State

Division of Corporations print this page and use it as a cover

(shown below) on the top and bottom of all pages of the document.

(((H25000232336 3)))



H250002323363ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAXMAN FIRM Account Number : I20120000054 : (954)482-9626 Phone Fax Number : (786)425-2211

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN FUR FUN PET GROOMING INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Check if applicable

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

-25ccc2323363

Articles of Amendment to Articles of Incorporation

FUR FUN PET GROOMING INC		
——————————————————————————————————————	tly filed with the Florida Dept. of State)	
P25000002712		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must	reviation "Corp.," contain the word
B. Enter new principal office address, if applicable:	10567 SLEEPY BROOK WAY	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	BOCA RATON, FL 33428	
		. 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10567 SLEEPY BROOK WAY	CZS JUL
	BOCA RATON, FL 33428	1
		THE PM 2: 1
		2 2
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office addres		13
Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:	, Florida_	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	t:	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the pos	iltion.
Signature of New I	Registered Agent, if changing	

H250002323563

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	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	RENATA G. LOPES	10567 SLEEPY BROOK WAY
X Add			BOCA RATON, FL 33428
Remove			JUL
2) Change	P	PEDRO HENRIQUE L PAULINO	302 PRESTON H
Add			BOCA RATON, FL 33434
X Remove 3) Change		_	The N
Add			
Remove			
4) Change		48	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

.7/1/2025 1:07 PM FROM: Office Depot #4 P. 4 / 5

H250002323363

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)		
		-
		_
		 -
		_26
	2	2025_
	>	=
	- 3:	
	ري <u>دي د</u>	
	امارا درستا	7
	2/5	_ _
	· · ·	
	-	
an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		
		

H 2500002323363

	05/30/25	
The date of each amendment(s) addate this document was signed.	option:	_, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	nted by the incorporators, or board of directors without shareholder action and	shareholder
The amendment(s) was/were adoptive the shareholders was/were sufficiently the shareholders was/were sufficiently the shareholders was/were sufficiently the shareholders was/were adoptive the	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	2025
The amendment(s) was/were appropriately provided for a	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	2025 JUL - 1 PH
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	2:
05/30/2025		W
Dated		
Signature(By a di	ector, president or other officer - if directors or officers have not been	
selected	, by an incorporator - in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	RENATA G. LOPES	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	