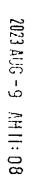
L23000074828

| (Re | equestor's Name) | |
|-------------------------|-----------------------|--------|
| (Ac | ddress) | · .• |
| (Ac | ddress) | |
| (Cı | ty/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (Bt | usiness Entity Name) | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates of S | Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



08/09/23--01012--008 ++55.00



A. PARISHANI AUG 2 6 2023

COVER LETTER

TO: **Registration Section** Division of Corporations

| KING RAN SUBJECT: | NCH ANIMAL SERVICES LLC | | • | |
|----------------------------------|-------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------|
| | Name of Limit | ted Liability Company | | 202 |
| The enclosed Articles of | Amendment and fee(s) are subn | nitted for filing. | · · | 2023 AUS - |
| Please return all correspondence | ondence concerning this matter t | o the following: | | <u>-9</u> |
| | Maylier Quintana | | | FH 11: 08 |
| | | Name of Person | | co |
| | | | | |
| | 825 N BRIDA STREET | | | |
| | | Address | | |
| | CLEWINSTON FL 33440 | | | |
| | MAYEQDIAZ05@ICLOUD | City/State and Zip Code | | |
| | E-mail address: (to | be used for future annual report noti- | fication) | |
| For further information c | oncerning this matter, please cal | II: | | |
| MAYLIER QUINTANA | | 786 525-1810 | | |
| Name o | f Person | at () Area Code Daytime | e Telephone Number | _ |
| Enclosed is a check for the | ne following amount: | | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing F Certificate of S Certified Copy (additional copy is | Status & |

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 2023 E''; -9 |
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| 08 |

KING RANCH ANIMAL SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/09/2023 _____ and assigned Florida document number L23000074828 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KING & QUEEN ANIMAL SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 825 N BRIDA STREET Enter new principal offices address, if applicable: **CLEWINSTON FLORIDA 33440** (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

____, Florida ____

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|--------------------------|---------------------------------------|
| MGR | MAYLIER QUINTANA | 825 N BRIDA STREET | ≣ Add |
| | | CLEWINSTON FLORIDA 33440 | □Remove |
| | | <u></u> | □Change |
| AMBR | MAYLIER QUINTANA | 825 N BRIDA STREET | ≣ Add |
| | | CLEWINSTON FLORIDA 33440 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove 7023 Change |
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| If amending any other information, enter change(s) her | Ter (Minute and Media, y necessary.) |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prio Note: If the date inserted in this block does not meet the annli | (optional) or to date of filing or more than 90 days after filing.) Pursuant to 605,020 icable statutory filing requirements, this date will not be listed a |
| document's effective date on the Department of State's records | S. |
| ne record specifies a delayed effective date, but no The 90th day after the record is filed. | ot an effective time, at 12:01 a.m. on the earlier o |
| Dated JUNE 23rd 2023 | |
| Dateu | · |
| Signature of a member or auth | horized representative of a member |
| | |
| MAYLIER QUINTANA | nted name of signee |

Page 3 of 3