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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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August 24, 2017

EDWIN HUBBARD III 4488 COCONUT RD S LAKE WORTH, FL 33461

SUBJECT: GOD'S ANIMAL CREATIONS, LLC

Ref. Number: L07000029574

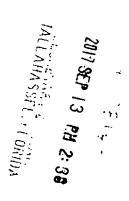
We have received your document for GOD'S ANIMAL CREATIONS,LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 617A00017468



COVER LETTER

| SUBJECT: | GOD'S ANIMAL | CREATIONS, LLC | | |
|-----------------------------|---|---|---|--|
| SUBJECT: | Name of Limi | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | EDV | VIN W HUBBARD, III | | |
| | | Name of Person | | |
| | COD'S | ANIMAL CREATIONS, LLC | | |
| Firm/Company | | | | |
| | 4488 | COCONUT ROAD SOUTH | | |
| | · · · · · · · · · · · · · · · · · · · | Address | | |
| | i. | AKE WORTH, FL 33461 | | |
| | | City/State and Zip Code | | |
| | | VETHEKIDS1@ATT.NET | | |
| | E-mail address: (1 | o be used for future annual report notific | cation) | |
| For further information c | oncerning this matter, please ca | ill: | | |
| EDWIN W | HUBBARD, III | 561 400-1131 at () | | |
| Name c | of Person | Area Code Daytime | Telephone Number | |
| Enclosed is a check for the | he following amount: | | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | |

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GOD'S ANIMAI | L CREATIONS, LLC | |
|---|---|-----------------------|
| (Name of the Limited Liability (A Florida I. | Company as it now appears on our records,) imited Liability Company) | |
| The Articles of Organization for this Limited Liability Cor Florida document number | mpany were filed onMARCH 16, 2007 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | - |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | |
| | | |
| Enter new mailing address, if applicable: | | ַטַ |
| (Mailing address MAY BE A POST OFFICE BOX) | | 11 |
| | | * T T |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | |
| Name of New Registered Agent: | KIRK GADEBUSCH | 3: 57 |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | In Cata |

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 = 1 Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--|---|--|
| MGR | KIRK CADEBUŞCH | 4488 COCONUT ROAD SOUTH LAKE WORTH, FL 33461 | X (Add |
| | | | ☐ Remove |
| | | | ∐ Change |
| AMBR | EDWIN W. HUBBARD, III REVOCABI F LIVING TRUST DATED JULY 31, 2017 | 4488 COCONUT ROAD SOUTH LAKE WORTH, FL 33461 | X Add |
| | | | □ Remove |
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| M6.K | Bob BLACK | LAKE KONTH TE 33461 | Add |
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| an effective date is li lote: If the date in | other than the date o listed, the date must be spec iserted in this block doc we date on the Departme | eific and cannot be as not meet the a | pplicable statut | iling or more than | (optional) 90 days after filing rements, this date | a Porsonne to 605 0207 c |
| e record specif | fies a delayed effec after the record is | tive date, bu filed. | t not an effe | ective time, a | it 12:01 a.m. | on the earlier of: |
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Page 3 of 3

Filing Fee: \$25.00