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COVER LETTER

TO: Registration S Division of Co		Service Servic	*** *
SUBJECT:	Je'R A	eptiles & Exoti	CS, LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	J	ustin Igualada	
		Name of Person	
	***************************************	Firm/Company	
	417	FARMINGTON DE	PIVC
		Address	***************************************
	Pla	ntation, FL 333 City/State and Zip Code	17
		SUALADA @ GMail. CL	
/1	concerning this matter, please of	all:	•
Name	of Person	at (954) 806-4 Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 Fee, Certificate of Status & Certified Copy

MAILING ADDRESS: 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

(AFI	orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	ty Company were filed on <u>05/08/2014</u> and assigned
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	
JER REPTI	"LES 4-EXOTICS LLC "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables	417 FARMINGTON DR.
(Principal office address MUST BE A STREET AL	DERESS) PLANTATION, FL 33317
Enter new mailing address, if applicable:	P.D. Box 19186 Ft. Landerdale, Fl 33318
(Mailing address MAY BE A POST OFFICE BOX	Ft. LANDERDALE, FL 33318
registered agent and/or the new registered office :	
Name of New Registered Agent:	JUSTIN IGUALADA 35 417 FARMINGTON & AFRICA
New Registered Office Address:	417 FARMINGTON DR ====
	Enter Florida street douress

Nam Basistanad Amerika Simotoma if shanatur Basis	Luy 24 Sept 1
New Registered Agent's Signature, if changing Regis	
provisions of all statutes relative to the proper at	ent and agree to act in this capacity. I further agree to comply with the nd complete performance of my duties, and I am familiar with and ed agent as provided for in Chapter 605, F.S. Or, if this document is
	stered office address Lhereby confirm that the limited liability
	The last of the la
•	Changing Registered Agent, Signature of New Registered Agent

	ete if other than the date of filing: (antional)
effectiv	ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or nied date and cannot be more than 90 days after
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effective date the	date must be specific, cannot be prior to date of receipt or nied date and cannot be more than 90 days after document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE