

L14000092536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DIVIDED SKY DEVELOPMENT, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Ruderman  
Name of Person  
HUMANE WILDLIFE CONSULTING  
Firm/Company  
3100 NE 48<sup>th</sup> St., Suite 705  
Address  
FORT LAUDERDALE, FL. 33308  
City/State and Zip Code  
Kidnyce@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Ruderman at 727, 742-3601  
Name of Person 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 (additional copy is enclosed)

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

DIVIDED SKY DEVELOPMENT, 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 06/04/2014 and assigned  
Florida document number L14000092536

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HUMANE WILDLIFE CONSULTING, LLC

The new name must be distinguishable and contain the words "Limited Liability Company" and the words "Florida" and the words "LLC" or "Limited Liability Company".

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

HUMANE WILDLIFE CONSULTING  
3100 NE 48<sup>th</sup> St., Suite 705  
FORT LAUDERDALE, FL 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

HUMANE WILDLIFE CONSULTING  
3100 NE 48<sup>th</sup> St., Suite 705  
Fort Lauderdale, FL 33308

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:

ROBERT RUDERMAN

New Registered Office Address:

3100 NE 48<sup>th</sup> St., Suite 705

Enter Florida street address

Fort Lauderdale, Florida 33308

City

Zip Code

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.

  
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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Robert Ruderman	3100 NE 48 <sup>th</sup> St, Suite 705	<input type="checkbox"/> Add
		Fort Lauderdale, FL	<input type="checkbox"/> Remove
		33308	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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FLORIDA  
STATE

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ALLAASSEE

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MAIL ASSOC. CONT.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated

August 16, 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Robert Ruderman

Typed or printed name of signee