

L14000121522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500293300945

12/21/16--01003--025 **60.00

RECEIVED
TALAMON & ASSOCIATES
TALLAHASSEE, FLORIDA

16 DEC 21 AM 9:31

FILED

T WASHINGTON

DEC 22 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Animal Instincts, 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:

Yvonne Luckett

Name of Person

Animal Instincts, LLC

Firm/Company

12876 Pastures Way

Address

Fort Myers, FL 33913

City/State and Zip Code

yvonnelukett@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvonne Luckett

239 215-8888

at (_____) _____

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**

Animal Instincts, 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 8/1/2014 and assigned
Florida document number L140012522.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

12379 Crystal Commerce Loop

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, FL 33966

Enter new mailing address, if applicable:

12379 Crystal Commerce Loop

(Mailing address MAY BE A POST OFFICE BOX)

Fort Myers, FL 33966

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:

Yvonne Luckett

New Registered Office Address:

12379 Crystal Commerce Loop

Enter Florida street address

Fort Myers

Florida

33966

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>
Mr.	Douglas R. Lockett	12876 Pastures Way	<input type="checkbox"/> Add
		Fort Myers, FL 33913	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


FILED
 16 DEC 21 AM 9:11
 ALBANY STATE FLORIDA

16 DEC 21 AM 9:31
STATE
AD. SEC. FLORIDA

FILED
16 DEC 21 AM 9:31
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 01/02, 2017

 Signature of a member

Signature of a member or authorized representative of a member

Yvonne Luckett

Typed or printed name of signee