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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	Cleaners LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Misty McWilliams		
		Name of Person	
	Backwoods Feed LLC		
		Firm/Company	>, }
	5334 Ave Maria Blvd unit	900	-
		Address	. ()
	Ave Maria Florida 34142		·
		City/State and Zip Code	PH 3: 44
	Doggonecleaners@comeas		
		to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
Misty McWilliams		239 784-7808 at ()	
Name o	f Person	at () Area Code Daytir	ne 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 Addres		Street Address:	nation
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dog Gone Cleaners		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/27/2016	and assigned
forida document number L16000119759		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Backwoods Feed LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		me?
Principal office address MUST BE A STREET ADDRESS)		r.,
		:
Inter new mailing address, if applicable:	5334 Ave Maria Blvd Unit 900	1; □ 1
Mailing address MAY BE A POST OFFICE BOX)	Ave Maria Fl 34142	ကြုတ် မှာ <u>**</u>
		而至
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new reg
New Registered Office Address:	<i>D C</i> (. ·)	
	Enter Florida street address	
		da
	Circ	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 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>	Address	Type of Action
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ective date, if other than the effective date is listed, the date is	ust be specific and cannot b	e prior to date of filing	or more than 90 days att	er filing.) Pursuant to 605.0
e: If the date inserted in this ument's effective date on the	block does not meet the a Department of State's re	applicable statutory cords.	filing requirements, th	us date will not be lister
cord specifies a delayed effect sfiled.	ive date, but not an effec	tive time, at 12:01 a	.m. on the earlier of: (b) The 90th day after
July 20th ed	2024			
	sty MWil Signature of a member of			
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