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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LITTLE CRITTERS SUREN ENCLOSURES 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:
MICHAEL S. BUFFALO Name of Person
LITTLE CRITTERS SCREEN EXCLOSURES LLC Firm/Company
11838 WATERBUFF LANE EDEST
JACKSONILLE, FL 32218 City/State and Zip Code
City/State and Zip Code Reference Michigal 9880 amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 805-5354 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$25.00 Filing Fee \$255.00 Filing

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

(Name of the Limited Liability Comp (A Florida Limited	d Liability Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on mozoto, 2017 and assigned
Florida document number <u>L17000051744</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lial	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A = = = = = = = = = = = = = = = = = = =
(Principal office address MUST BE A STREET ADDRESS)	
	SSE 3 [1]
Enter new mailing address, if applicable:	N/A 5 5
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the nevere:
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida street address
	Elorido

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.

City

M/A.

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 **Type of Action Address Title** Name Constance Roe Dily □ Remove ☐ Change □ Add ☐ Remove ☐ Change Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00