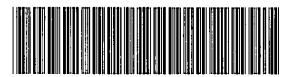
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Amendicus

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COVER LETTER

TO:

	gistration Se vision of Cor			
CUDIFCT.		CLAWS REPTILES AND E	XOTIC LLC	,
SUBJECT:	***************************************	Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		GLORIA MONTALVAN		
			Name of Person	
		JAWS AND CLAWS REF	PTILES AND EXOTICS LLC	
			Firm/Company	
		17421 SW 122 AVE		
			Address	
		MIAMI, FL. 33177		
			City/State and Zip Code	
		JAWSANDCLAWS00@GI		
For further i	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)
GLORIA M	10NTALVA	N	786 337-0689	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		<u>Street Address:</u> Registration Se	ection
	=	orporations	Division of Co	
	O. Box 632		The Centre of	
Ta	Ilahassee, I	L 32314	2415 N. Monro	ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAWS AND CLAWS REPTILES AND EXOTICS LLC

(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited I Florida document number L17000079749		and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our r	ecords, enter the name of the new registered
Name of New Registered Agent:	GLORIA MONTALVAN	
New Registered Office Address:	1264 N. MILITARY TRAIL	ida street address
	WEST PALM	, Florida 33409
	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>	Name	Address	Type of Action
CEO	FELIX J MONTALVAN	1921 CARISSA RD LAKE CLARKE SHORES	🗆 Add
		WEST PALM, FL. 33406-600 UN	≣Remove
			□ Change
MGR	ELIZABETH A FORBES	1921 CARISSA RD LAKE CLARKE SHORES	□Add
		WEST PALM, FL. 33406-600 UN	≅Remove
			□Change
CEO	GLORIA MONTALVAN	17421 SW 122 AVE	= Add
		MIAMI, FL. 33177	□Remove
			□Change
MGR Y	YANETT MONTALVAN	17421 SW 122 AVE	∃ Add
		MIAMI, FL. 33177	□Remove
			Change
			□Add
			□Remove
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			🗀 Add
			□Remove
			Change

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9 number	
Signature of a member or authorized representative of a member	
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