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2019 FEB 19 PH 5: 14

C. GOLDEN FEB 2 3 2013

COVER LETTER

Division of Cor	porations		
Subject:	1 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	ndence concerning this matter	to the following:	
	Luisangela ladisernia Coln	nenarez.	
		Name of Person	
		Firm ² Company	
	5766 SW 98th Place		
		Address	
	Ocala, FL 34476		
	luisangelal l@hotmail.com	City/State and Zip Code	
		to be used for future annual report notific	ration)
For further information co	oncerning this matter, please ca		
Austin Vealey		352 369-9933 at ()	
Name o	f Person	Area Code Daytime	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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2019 FEB 19 PM 5: 14

Saving Spot LLC

TALLAHASSEE, FL

(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 C	Company were filed	on 07/25/2017		and assigned
Florida document number L17000159070	 .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability comp	any here:		
T & I. Feed LLC				
The new name must be distinguishable and contain the words "Lim	nited Liability Company	y," the designation	"LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)			<u></u>
				
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	ress here:	ess on our re		
New Registered Office Address:				
•	E	nter Florida street i	address	
			_, Florida	Zip Code
	•			Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and concept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performa gent as provided f ed office address,	nce of my dution or in Chapter (es, and I am fo 605, F.S. Or,	amiliar with and if this document is
	If Changing Regist	tered Agent, <u>Signs</u>	ature of New Res	eistered 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			_ □ Change
			Remove
			Change

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Filing Fee: \$25.00