# 117000225485

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_

Office Use Only



000329834130

05/28/19--01019--001 \*\*25.00

Mamechs

JUN 15 2019 I ALBRITTON

### **COVER LETTER**

Division of Cor			
SUBJECT:	In thing Birds Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub-		
r lease return an correspo	ndence concerning this matter	to the following.	
	Diara	D. Deltorc	)
	<b>X</b>	).0 aV	
		)( L/ Firm/Company	
	2		
	30325 K	Address	
	Wesly chas	City/State and Zip Code  Oirds Q Yahoo  To be used for future annual report notified.	15
	TO 1 1 2	City/State and Zip Code	0000
	E-mail address: (1	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ea	all:	
~· ~ ~	al trica	00 11011	10-121
Diaa D	-ELTONO f Person	at (913) 424  Area Code Daytime	C Telephone Number
Englosed is a check for the	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)

#### 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**

Anything Birds	5 LLC
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on 10/31/17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
JUST 4 Birds of Tampo	about LLC
The new name must be distinguishable and contain the words "Limited Lial	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<del>4</del> 9
	office address on our records, enter the name of the new
registered agent and/or the new registered office address he	<u>:re</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	it:

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
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Remove
		Add	
			☐ Remove
			☐ Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
-	
Note:	ve date, if other than the date of filing: 5 2219 (optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	Diana D. Deltoro Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00