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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

	Registration Se Division of Cor						
	T3 K-9 LL		₽ ·				
SUBJEC	Л:		ited Liability Company	€′			
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Taryn L Thomas					
			Name of Person				
		T3 K-9 LLC					
Firm/Company							
		1911 County Road 13a l	North				
							
		St. Augustine FL 32092					
			City/State and Zip Code				
		zacthomas18@yahoo.cor					
For furth	er information c	oncerning this matter, please ca	o be used for future annual report notificall:	Cation)			
Zachary	y Thomas		904 424-4118				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	I is a check for the	ne following amount:					
□ \$25.0	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:

TO:

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

Jiability Company as it now appears on our re Florida Limited Liability Company)	ecords.)
lity Company were filed on 7-26-18	and assigned
ng:	
e limited liability company here:	
s "Limited Liability Company," the designation	"LLC" or-the abbreviation "L.L.C."
e:	ET -
ADDRESS)	Will by m
	9. 09 1.1E
<u>X</u> ,	
registered office address on our rec e address here:	ords, enter the name of the
Fotor Elimidicarena	dens
	, Florida
	Ity Company were filed on 7-26-18 Ing: It is limited liability company here: It is "Limited Liability Company," the designation is: It is

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>	<u>Name</u>	Address	Type of Action
MGR	Taryn L Thomas	1911 County Road 13a North	
		St. Augustine FL 32092	■ Remove
			□ Change
MGR	Zachary L Thomas	1911 County Road 13a North	= Add
		St. Augustine FL 32092	Remove
			Change
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00