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TALLAHASSEE, FLORIDA

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LIVINGSTON

ATTORNEYS AT LAW

PATENT ◆ TRADEMARK ◆ COPYRIGHT ◆ FRANCHISE

Procurement & Litigation

Edward M. Livingston*† Erica L. Loeffler Bryan L. Loeffler*†

963 Trail Terrace Drive Naples, FL 34103

Telephone: 239-262-8502 Facsimile: 239-261-3773 Toll Free: 800-548-4332 Email: ip@lliplaw.com

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*Registered U.S. Patent Attorney †Board Certified in Intellectual Property Law

April 3, 2019

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

Re:

Active Air Animal Crates, LLC Name Change Amendment Our File No.: 19- 9729

Dear Sir/Madam:

The enclosed Articles of Amendment and fees are submitted for filings. Please return all correspondence concerning this matter to the following:

> Edward M. Livingston LIVINGSTON LOEFFLER, P.A. 963 Trail Terrace Dr. Naples, FL 34103 ip@lliplaw.com

Should you have any questions or concerns regarding this matter please do not hesitate to contact the undersigned directly at (239) 262-8502.

Respectfully submitted,

Erica L. Loeffler

Enclosures:

Articles of Amendment

Check # 12604

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACTIVE AIR ANIMAL CRATES.			
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number L18000195017	ability Company	were filed on August 15, 2	018 and assigned
his amendment is submitted to amend the follo	wing:		
If amending name, enter the new name of	the limited liab	ility company here:	
ACTIVE AIR PET CRAȚES, LLC			
he new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
 Enter new principal offices address, if applica	ble:	10847 SW Cypress Ave.	19 19
Principal office address MUST BE A STREET	(ADDRESS)	Arcadia, Florida 34269	ΠΩ >
		·	AH PR
Inter new mailing address, if applicable:		c/o 963 Trail Terrace Dr.	PR +8 AM
Mailing address MAY BE A POST OFFICE BOX)		Naples, Florida 34103	8: 16 8: 16
			10 6 P
B. If amending the registered agent and/or the new registered off			ords, enter the name of th
Name of New Registered Agent:	Edward M. Liv	ingston, Esquire	
New Registered Office Address:	963 Trail Terra		
		Enter Florida street ac	ktress
,	Naples		, Florida 34103
		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 (<u>Address</u>	Type of Action
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Filing Fee: \$25.00