

L19 000025942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

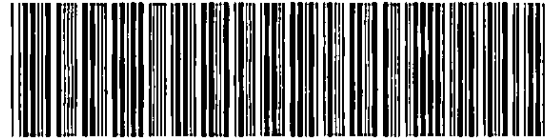
(Document Number)

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08/25/21



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08/25/21

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ANIMAL HOUSING SOLUTIONS

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN R THOMAS

\_\_\_\_\_  
Name of Person

ANIMAL HOUSING SOLUTIONS

\_\_\_\_\_  
Firm/Company

123 SE LYNWOOD DR

\_\_\_\_\_  
Address

MAYO, FL 32066

\_\_\_\_\_  
City/State and Zip Code

TAXPREP072@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH E ANDERSON

386 294-1380  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

( )

Enclosed is a check for the 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)

24

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ANIMAL HOUSING SOLUTIONS

(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 Company were filed on 8/1/2021 and assigned  
Florida document number LM000025942.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

123 SE LYNWOOD DR

MAYO, FL. 32066

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: RALPH E ANDERSON

New Registered Office Address: 190 W MAIN STREET

*Enter Florida street address*

MAYO

*City*

Florida

32066

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	THOMAS, JOHN R	123 SE LYNWOOD DR	<input type="checkbox"/> Add
		MAYO, FL 32066	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
	RAVEN, GAIL	4123 278TH TERRACE	<input type="checkbox"/> Add
		BRANFORD, FL 32008	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 9, 2021

Ralph S. Edison  
Signature of a member or authorized representative of a member

RALPH E ANDERSON, ENROLLED AGENT

Typed or printed name of signee