L19000173768

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
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COVER LETTER

TO:	Registration Se Division of Cor		•			
eun t		Animations				
SUBJ	ECT:	Name of Lim	ited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Skylar Lu				
		Sub or Dub Animations	Name of Person			
		16318 Country Lake Circle	Firm/Company	-		
		Delray Beach, FL 33484	Address			
		subordubanimations@gmai	City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)	5	
For fu	rther information e	oncerning this matter, please ca	all:		. ? 	
Skyla			561 283-0146 at ()		- 2	
	Name o	f Person	Area Code Daytime	Telephone Number	19:47	
Enclo	sed is a check for th	ne following amount:			Ţ.,	
B \$3	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing F Certificate of S Certified Copy (additional copy i	Status &	

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

Sub or Dub Animations (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 July 4, 2019 Florida document number L19000173768 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) 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: New Registered Office Address: Enter Florida street address

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.

City

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	Nini Ha	16318 Country Lake Circle Delray Beach, FL 33484	Add
			■ Remove
			☐ Change
MGR	Skylar Lu	16318 Country Lake Circle Delray Beach, FL 33484	🖥 Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Remove
			☐ Change
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			Change
			Add
			Remove
			Change

			
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ective date, if other than the effective date is listed, the date must te: If the date inserted in this ble ument's effective date on the De	be specific and cannot be prior to ck does not meet the applica	o date of filing or more than 90 days	
record specifies a delayed he 90th day after the reco		an effective time, at 12:)1 a.m. on the earlier o
ed August 27	2019		
	Thy 1	ized representative of a member	
	Signature of a member or Author	ized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00