219 000173768

(Requestor's Name)	
(Address)	400340676824
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	02.124.135 01.034 029 (4.4 .29.05
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COVER LETTER

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Tallahassee, FL 32314

TO: Registration S. Division of Co.			
SUBJECT:	Sub or Duk	> Animations	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Name of Person	
	Sub or 1	Dub Anmations	LLC
		Firm/Company	
	16318 Lour	try Lake Cir	cle
	_		
	Delray B	each, FL 3	33484
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	mingcoegnail.com
For further information of	concerning this matter, please co		
Skyla	clu	at (561) 265	3-0146
	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	-		
☑ \$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 Addre	<u>ss:</u>	Street Address:	
Registration		Registration Se	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE 2020 AP. 11, Ali 2:01 Division of Corporations

March 16, 2020

SKYLAR LU 16318 COUNTRY LAKE CIR DELRAY BEACH, FL 33484

SUBJECT: SUB OR DUB ANIMATIONS LLC

Ref. Number: L19000173768

We have received your document for SUB OR DUB ANIMATIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L20000046170-REKT, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00005773

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

50b x (Dob Animation	52020 [4 P" 2:38	
(Name of the Limited Lia (A Flo	ibility Company as it now appears orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabilit	y Company were filed on		
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the			
REKT Gara The new name must be distinguishable and contain the words	ing LLC		
The new name must be distinguishable and contain the words	Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or regist agent and/or the new registered office address her		cords, enter the name of the new register	<u>ed</u>
Name of New Registered Agent:	 		
New Registered Office Address:	Enter Floria	da street address	
		Florida	
	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 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
MGR	Brandon Brown	1009 Luciya dava	_ 🗆 🗖 Add
		West palm Beach FL	□ Remove
		33404	□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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fan effe <u>Note:</u>	ve date, if other than the date of filing:
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	Signature of a member of anthorized representative of a member