## L19000179648

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
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00)	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Eiling Officer	
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Office Use Only



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SECRETARY OF STATE
TALLANKS SEE, FLORIUM

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## **COVER LETTER**

то:	Registration Sec Division of Cor			غ ا
ento II.		UNA ENTERPRISES LLC		
SUBJE	.C1;	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		L WARD HUNTLEY		
			Name of Person	
		FLORA FAUNA ENTERI	PRISES LLC	
			Firm/Company	
		1890 KINGSLEY AVENU STE 104	JE.	
		•	Address	
		ORANGE PARK FL 320	73	
		JEFF@CFOJEFF.COM	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
L WA	RD HUNTLEY		904 728-5030 at ( )	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 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:

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

	01	رت
		語言也
FLORA FAUNA ENTERPRISES LLC		-5 L
(Name of the Limited Liabilit	y Company as it now appears on our records.) Limited Liability Company)	ANASSEE -5
(A rionga	Entitled Elability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 7/12/2019	Og find a signed
Florida document number L19000179648	_ <del>-</del>	0.00 BO
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ter the name of the new
registered agent and/or the new registered ortice addi	ress here:	
	-	
Name of New Registered Agent:		
New Registered Office Address:	P	
	Enter Florida street address	
	, Florida	<b>a</b>
	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	Address	Type of Action
MGR	TAYLOR HUNTLEY	1890 KINGSLEY AVE STE 104 ORANGE PARK FL 32073	
			Remove
			☐ Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			☐ Remove
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E <b>ff</b> oot	AUGUST 1, 2019 12:01 A.M.  ive date, if other than the date of filing: (optional)
lf an efi <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
	Dward He tintly July 31, 2019 Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00