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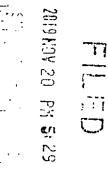
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Aminals LC 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:
Mara Brown Name of Person
Aminals UC Firm/Company
24265 Dretz Dr. Address
City/State and Zip Code info@aninals/c. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 745-2044 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sqrt{25.00 \text{ Filing Fee}} \sqrt{25.00 \text{ Filing Fee}} \sqrt{255.00 \text{ Filing Fee}} \sqrt{255.00 \text{ Filing Fee}} \sqrt{255.00 \text{ Filing Fee}} \sqrt{255.00 \text{ Filing Fee}} \sqrt{2560.00 \text{ Filing Fee}}

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

(Name of the Limited Liability (A Florid	em Osters U. Ity Company as it now appears on a Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L1900248915</u>	Company were filed on	0/3/19	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	ation "LLC" or the abbr	eviation "L.L	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD)	RESS)			
	<u></u>			
Enter new mailing address, if applicable:		<u> </u>	22	 -
(Mailing address MAY BE A POST OFFICE BOX)		, — , 	<u>∵</u>	grad traffic
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B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter th	ie name o	f the new
te state a desire and of the new relative and office and	103 11010	:7	က်၊	
Name of New Registered Agent:		٠ς,٠	62	.
New Registered Office Address:				
	Enter Florida si	treet address		
<u>-</u>		Florida		<u>.</u>
	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

Title	<u>Name</u>	Address	Type of Action
MGR	Mark Wilson	Losle Morningnuist Un.	
		Loslo Morningnuist Un.	Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Note:	tive 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	Nov 17 Signeture of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00