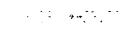
L20000100816

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

Office Use Only



700406844287



7073 FPR 20 PH 3: 54

)23 FPC 20 PH 3: 5

COVER LETTER

10: Registration Section Division of Corporations				
	IMO LLC nited Cability Company			
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.			
Please return all correspondence concerning this	s matter to the			
following:				
	Jessica N Strickland			
22 22 22 2	Name of Person			
	EX ANIMO LLC			
	Firm/Company			
	2271 Sedge Grass Way			
	Address			
	Orlando, Florida 32824 City/State and Zip Code			
Je E-mail address:	ssica.strickland.biz@gmail.cor Tio be used for future annual report notil	n Fcation)		99 70 30 30 30 30 30 30 30 30 30 30 30 30 30
For further information concerning this matter, please	call:			7 7 7
Jessica N Strickland	at () 386-801-19	88	5	
Name of Person		elephone Number	. =	
Enclosed is a check for the following amount:				ָ ר
(X\$25.00 Filing Fee⊡\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of St Certified Copy (additional copy is	ee. atus &	
Mailing Address: Registration Section	Street Address:	tion		

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

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

EX ANIMO LLC

(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 April 10, 2020 and assigned
Florida document numberL20000100816
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)
20
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
, Florida 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 Name Address Type of Action

		•	-
			∏Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
-		— ·· ·	. CJAdd
			DRemove
			OChange
			□Add =
			☐Remove ⊈
			□Change
	 ·	-	□Add
			CIRemove
			CiChange
	·-·		_ □Add
			□Remove
			CIChange

D.If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

will be	using it to cre		enerated Co		ther online	generated	
		1110	Joine purpo	303.			
				-			
		-					
							
 			<u> </u>				
						······································	
		· · · · · · · · · · · · · · · · · · ·		·-··			
			·			-	
ective date life	ther than the da	te of filing:			(optiona	al)	
an effective date is l <u>ote:</u> If the date in	listed, the date must nserted in this block	be specific and ca does not meet	nnot be prior to da the applicable s	ate of filing or mos	e than 90 days afte	er filing) Pursuant to	o 605.0207 listed as
ie document's eff	ective date on the D	lepartment of St	late's records.				
record specifies	a delayed effective c	lata but aat aa	offoetiva tima. a	. 13:01 a.m. on	the earlier of th	The BOth day ofto	h.a
is filed.	ruetayeu enective t	iate, out not an i	enective time, a	(12.01 a.m. on	me earner or. (b)	The 90th day are	i me
$\triangle \Box$	17 2	2					
d 07.	- 17-2	J / .	<i>-</i>	ء ا		Î	
_		nature at a memb	er or authorized re	Struck	Glares		
	3181	1-	5. 5. 00monzed 16	.p. sociatine of a	cmoci	ì	~
				\	. 1	ı	

Filing Fee: \$25.00