LZ0000266789

(Re	questor's Name)	
(Ad	idress)	
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PICK-UP	(Address) (Address) (City/State/Zip/Phone #) CK-UP	
(BL	siness Entity Nar	ne)
(Do	ocument Number)	
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Special Instructions to	Filing Officer:	·
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Office Use Only



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2020 SEP 14 AH 7: 50

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

AnimeXCi SUBJECT:	ustoms LLC		
	Name of Lin	ited Liability Company	****
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Denisse Delgado		
		Name of Person	
	AnimeXCustoms LLC		
		Firm/Company	
	9327 Nelson Park Cir. Ap	1 205	
		Address	
	Orlando, Fl 32817		
		City/State and Zip Code	<u> </u>
	animexcustoms@gmail.cor		
	E-mail address: (to be used for future annual report notifica	tion)
For further information of	concerning this matter, please c	all:	
Denisse Delgado		305 491-4735	2020 Tz
Name o	of Person		2020 SEP 14
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy from (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C		Registration Section Division of Corporation	
P.O. Box 632	•	The Centre of Tall	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANIMEXCUSTOMS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

he Articles of Organization for this Limited Liabilit	y Company were filed on 9/2/2020	and assign	ned
Florida document number L20000266789			
This amendment is submitted to amend the following	ŗ		
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 a	abbreviation "L.L.C	5 B4
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)		
			
Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registe	ered office address on our records, enter the nan	ne of the new ro	egistered
		920	
Name of New Registered Agent:		SET	<u>``</u>
New Registered Office Address:			140
	Enter Florida street address	(/. (:: ;>	
	, Florida		The same
	City	Zip Code	
New Registered Agent's Signature, if changing Regist	ered Agent:	12. 0)	
New Registered Office Address: Enter Florida street address Florida	ınd		
	If Changing Registered Agent, Signature of New Re	egistered 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	Denisse Delgado	9327 Nelson Park Cir. Apt. 205	🗀 Add
		Orlando, Fl 32817	□Remove
MGR	Natalie Delgado	9327 Nelson Park Cir. Apt. 205	□ Add
		Orlando, Fl 32817	≣Remove
			□ Change
			[] Add
			2020 ADRemotive FID Change
			☐ Add ☐ CT ☐ Remove
			☐ Change
			🗆 Add
			□Remove
			Change
			□Remove
			□Change

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ffective date, if other than the date effective date is listed, the date must be sometiment's effective date on the Dep	se specific and cannot be prior ik does not meet the application	able statutory filing		ling.) Pursuant to 605	
record specifies a delayed effective of is filed.	date, but not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day afte	r the
September 9	2020				
00-			Vatatel	Ilgado Delgado	
1121	ignature of a member or author			- markeria	
	ignature of a neuroci or hunt	onzed representative (of a unember	()	

Filing Fee: \$25.00