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2021 AFF 29 PH 2: 52

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RAW BREED PO	KODUCTION KEWEL LLC. ted Liability Company
The enclosed Articles of Amendment and fee(s) are subr	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
Raw bred	Saralez Longonia Name of Person Production Kennel Uc Fim/Company
13016 caribba	an blud Address
Fort Myers, R.B.P.K.	Florida 33905 City/State and Zip Code Cout/cock. Com o be used for future annual report notification)
For further information concerning this matter, please ca	II:
Swel 6 Longor's	at (<u>239</u>) <u>703–9384</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Raw breed Roducti	ion Hamd LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2100027328</u> .	ny were filed on $01/12/2021$	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		·
		_ 2011.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	e address on our records, enter the n	
agent and/or the new registered office address here:		
Name of New Registered Agent:	_	- P
New Registered Office Address:		2:
The regarded ville rightess.	Enter Florida street address	52
	, 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 afnending 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
AMBR	Saul Gonzalez Longonia	13016 corribbean blud Forthy Florida 33905	<u> M</u> Add
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			□Add
			□Remove
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n effective ote: If th	e date is listed, the date inserted	than the date on the date must be spec- in this block does on the Departme	rific and cannot be as not meet the a	prior to date of to applicable statu	iling or more than	(option: 90 days after fili ements, this da	ng.) Pursuant to 60	95.0207 sted as
cord spe s filed.	eciñes a delaye	d effective date, l	out not an effect	tive time, at 12:	01 a.m. on the e	arlier of: (b)	The 90th day aft	er the
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