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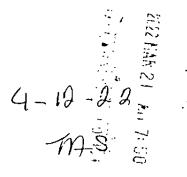
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| SUBJECT:                   |   | ited Liability Company   |  |
|----------------------------|---|--|--|
| The enclosed Articles of   | Amendment and fee(s) are sub  | mitted for filing.   |  |
| Please return all correspo | ondence concerning this matter  | to the following:  |  |
|                            | Brian Valdez  |  |  |
|                            |   | Name of Person   |  |
|                            | A & B Reptile Removal ar  | Name of Person  & B Reptile Removal and Relocation LLC  Firm/Company  26 US Highway 441 SE #22  Address  Ceechobee, FL 34974  City/State and Zip Code  eptileremoval@gmail.com  E-mail address: (to be used for future annual report notification)  ning this matter, please call:  at ( |  |
|                            |   | Firm/Company   |  |
|                            | Acticles of Amendment and fee(s) are submitted for filing.  Brian Valdez  Name of Person  A & B Reptile Removal and Relocation LLC  Firm/Company  4026 US Highway 441 SE #22  Address  Okeechobee, FL 34974  City/State and Zip Code  abreptileremoval@gmail.com  E-mail address: (to be used for future annual report notification)  ormation concerning this matter, please call:  at ( |  |  |
|                            |   | Address  |  |
|                            | Okeechobee, FL 34974  |  |  |
|                            |   | City/State and Zip Code  |  |
|                            | ,   |  |  |
|                            | E-mail address: (   | to be used for future annual report notif  | ication)                               |
| for further information of | concerning this matter, please c  | all:   |  |
| Brian Valdez               |   |  |  |
| Name o                     | of Person   | Area Code Daytime  | : Telephone Number                     |
| Enclosed is a check for t  | he following amount:  |  |  |
| □ \$25.00 Filing Fee       |   | Certified Copy   | Certificate of Status & Certified Copy |

Mailing Address:

Registration Section

**Division of Corporations** 

TO:

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

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

| Okeechobee, FL 34974  fice address on our records, enter  dez  ### Enter Florida street address  ce | (Applo)                          |
|---|----------------------------------|
| fice address on our records, <u>ente</u><br>lez<br>41 SE #22  | 1. 50<br>1. 50                   |
| fice address on our records, <u>ente</u>  |                                  |
| fice address on our records, <u>ent</u> e   |                                  |
|   |                                  |
|   |                                  |
|   | or the name of the new rest      |
| Okeechobee, FL 34974  | 2 2                              |
| Okeechobee, FL 349/4  |                                  |
|   |                                  |
|   | 5 122                            |
| 4026 US 441 SE #22  | 21                               |
|   |                                  |
| Okeechobee, FL 34974  |                                  |
| 4026 US 441 SE #22  |                                  |
| Liability Company," the designation "LI   | LC" or the abbreviation "L.L.C." |
|   |                                  |
| liability company here:   |                                  |
|   |                                  |
|   |                                  |
| pany were filed on 08/23/2021   | and assigned                     |
|   |                                  |
| ompany as it now appears on our reco-<br>lited Liability Company)                                   | rds.)                            |
|   | 4026 US 441 SE #22               |

## 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> | <u>Name</u>  | <u>Address</u>       | Type of Action |
|--------------|--------------|----------------------|----------------|
| MGR          | April Valdez | 4026 US 441 SE #22   | ■Add           |
|              |              | Okeechobee, FL 34974 | □Remove        |
|              |              |                      | □Change        |
|              |              |                      | □Add           |
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| ective date, if other than the date of filing:   | (optional)   |
| reffective date is listed, the date must be specific and cannot be prior to da   | ite of filing or more than 90 days after filing.) Pursuant to 60 |
| te: If the date inserted in this block does not meet the applicable current's effective date on the Department of State's records. | statutory filing requirements, this date will not be lis         |
| ,  |  |
| ecord specifies a delayed effective date, but not an effective time,   | at 12:01 a.m. on the earlier of: (b) The 90th day aft            |
| s filed.   |  |
|  |  |
| ted 03/16/2022   |  |
|  |  |
|  |  |
| Signature of a member or authorized  |  |