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COVEDIETTED

	COVER LETTER		
TO: Regista Divisio	ration Section n of Corporations		
Ĭ 11	cky Axoloti LLC		
SUBJECT:			
	Name of Limited Liability Company		
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.		
Please return all o	correspondence concerning this matter to the following:		
	Bradley Kincaid		
	Name of Person		
	Lucky Axoloti LLC		
	Firm/Company		
	596 Emerald Lane		
	Address		
	Fort Walton Beach, FL. 32547		
	City/State and Zip Code ceo@luckyaxolotlinc.com		
	E-mail address: (to be used for future annual report notification)		
or further informat	tion concerning this matter, please call:		
Bradley Kincaid	850 737-1773		
Na	at (at (
	Area Code Daytime Telephone Number		
nclosed is a check t	for the following amount:		
□ \$25.00 Filing Fe			

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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucky Axoloti LLC	
(Name of the Limited Liability Compan (A Florida Limited Liability Compan) (A Florida Limited Liability Compan)	y as it now appears
(A Florida Limited Lie	ability Company)
The Articles of Organization for this Limited Linkities of	
The Articles of Organization for this Limited Liability Company w Florida document number L21000405553	ere filed on Sept 13, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	V compose, t.
	y company here:
The new name must be distinguishable and contain the words "Limited Liability of Enter new principal offices address, if applicables	
Enter new and a second	Company," the designation "LLC" or the abband?
Enter new principal offices address, if applicable:	or are appreviation "L. L.C."
(Principal office address MUST BE A STREET ADDRESS)	
- INGLET ADDRESS)	
<u>_</u>	
74.	276
Enter new mailing address, if applicable:	<i>Ç</i> ı
Mailing address MAY BE A POST OFFICE BOX)	
- SST OFFICE BOX)	3*
If amending the registered agent and/or registered office addressent and/or the new registered office address here:	ess on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
W Registered A	y Florida
Registered Agent's Signature, if changing Registered Agent.	Zip Code
creby accept the appointment or an incident 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 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> CFO	Name Rachelle R Long	Address 2805 Dunsmuir DT Navarre, FL. 32566	Type of Action □ Add ■ Remove
CRO	Frank D Long Jr.	2805 Dunsmuir Dr Navarre, FL. 32566	
			□Add
			———— □Change
			———— □Remove ———— □Change ———— □Add

	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
Effect	ive date, if other than the date of filing:
‼ane∰ Note:	ective date is listed, the date must be specific and
docum	the date inserted in this block does not meet the prior to date of filing or more than 90 days and one
-004111	ive date, if other than the date of filing: cective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and
	the state as the
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is file	d.
	The 90th day after the
7	uly 1
	2024
ated_	
ated _	- /, /
ated _	Break 1
ated _	Benj benj
ated _	
ated _	Signature of a member or authorized representative of a member Bradley Kincaid

Filing Fee: \$25.00

COVER LETTER

TO:

Registration Section

Division of C	orporations			
Lucky A	xolotl LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Bradley Kincaid			
		Name of Person		
	Lucky Axolotl LLC			
		Firm/Company		
	596 Emerald Lane			
		Address		
	Fort Walton Beach, FL. 32	2547		
		City/State and Zip Code		
	ceo@luckyaxolotlinc.com E-mail address: (to be used for future annual report not	ification)	
For further information	n concerning this matter, please o	all:		
Bradley Kincaid		850 737-1773		
Name	e of Person	at ()	ne Telephone Number	
Enclosed is a check for	the following amount:			
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration Se	ection	
Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6	327	The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucky Axolotl LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears of ited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Comp	oany were filed on Sept	13, 2021 and assigned
Florida document number L21000405553		
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 I	.iability Company," the desi	gnation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Intuining duaress MAT BE AT OUT OF TICE BOX		
		
B. If amending the registered agent and/or registered off	ice address on our rec	ords, enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of m as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CFO	Rachelle R Long	2805 Dunsmuir Dr	
		Navarre, FL. 32566	■Remove
			□Change
CRO	Frank D Long Jr.	2805 Dunsmuir Dr	
		Navarre, FL. 32566	■Remove
		·	, Change
			⊡Add
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			
			Change
			□Add
		<u>. </u>	Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated___July 1 2024 Signature of a member or authorized representative of a member Bradley Kincaid Typed or printed name of signee

Filing Fee: \$25.00