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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

ST JOHNS SPEECH AND FEEDING LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Megan Martin Name of Person St Johns Feeding Firm/Company 1820 State Road 13 Suite 11-13 Address St Johns FL 32259 City/State and Zip Code megan@stjohnsfeeding.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Megan Martin Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. □ \$55.00 Filing Fee & **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ST JOHNS SPEECH AND FEED	ING LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears or Liability Company)	our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{3/4/20}{}$	22	and assigned
Florida document number L22000113002	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lial	oility company here:		
ST JOHNS FEEDING LLC				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	nation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			~~
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	<u> </u>	2 7 7
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3. If amending the registered agent and/or agent and/or the new registered office addre	registered office	address on our reco	rds, enter the name	e of the new register
Name of New Registered Agent:	NA			
New Registered Office Address:	NA			
		Enter Florida	street address	
			, 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 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
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			□Remove
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Note: If to	date, if other than the date is listed, the date inserted in this is effective date on the	s block does not it. Department of :	meet the applica State's records.	ble statutory fili	ng requirements.	this date will no	t be listed as t
he record sport is filed.	ecifies a delayed effec	ctive date, but no	t an effective tin	ne, at 12:01 a.m.	on the earlier of	: (b) The 90th o	lay after the
Dated 1/4	2023		6: <b>58a</b> m				
	May M.				e of a member		
Dated	/2023			_ ·			

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