L22000	423208
(Requestor's Name) (Address) (Address)	200396354022
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	10/31/22~~01008~~009 **25.00
Special Instructions to Filing Officer:	2022.0CT.31 //1.6.49
Office Use Only	A. EUTLER JAN 2 0 2023

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TO: Y		tration S ion of Co	ection rporations			
SUBJE	ст: _			mited Liability Company	Kennels	LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

US12AC RAPI Kin

Name of Person

at (SWI) <u>312-9030</u> Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

52,525.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AN TO ARTICLES OF OR OF	
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	Sit now appears on our recorded
The Articles of Organization for this Limited Liability Company wer Florida document number $_L2200042310f$	e filed on 9302026 and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability</u>	company here:
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Enter new mailing address, if applicable:	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	ISRAEL KINGSLEY	
New Registered Office Address:	1392 EDGENILL ROAD	
	Enter Florida street address	
	URSTPAIN BRach, Florida 33417	
	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 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:

<u>م</u>

MGR =	Manager
AMBR =	Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
AMBR	ISRAEL KINGSLEY	1392 Edgehill Road West Prim Blach, FL 33	
		<u> </u>	🗆 Remove
			🗆 Add
			□Remove
			□ Change
<u></u>			🗆 Add
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E. if amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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	10/25 . 2022	
	Isut	
	Signature of a member or authorized representative of a member	
	TSRARL KINGSLEY	
	Typed or printed name of signee	



January 20, 2023

ISRAEL KINGSLEY 1392 EDGEHILL RD WEST PALM BEACH, FL 33417

SUBJECT: QUALITY MATTERS KENNELS LLC Ref. Number: L22000423108

We have received your document for QUALITY MATTERS KENNELS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU DO NOT HAVE A TITLE AND ADDRESS FOR YOUR AUTHORIZED PERSON

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 623A00001380