L22000451185

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corpo	rations			
SUBJECT: ULTRA AN	IME INICTINICTO I I (_		
SUBJECT: OFTINA AN	Name of Limi	ited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filling.		
Please return all corresponde	ence concerning this matter	to the following:		
	Corner	ata Maintananaa La	ad	
	Corpora	ate Maintenance Lea	3 U	
	Proc	ossina Donartmont		
		essing Department Firm Company		
	1	450 Vassar St		
		Address		
		D NV 00500		
		Reno, NV 89502 City State and Zip Code		
		CH, CHIC III. 124 CC		-
•	E-mail address: ()	to be used for future annual report notif	ication)	
For further information conc	erning this matter, please ca	all:		
Processin	g Department	at , 800 , 638-2320		
Name of Po	erson	Area Code Dayume	Telephone Number	
Enclosed is a check for the t	Allawing amount			
	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60,00 Fi	ling Fee.
	Certificate of Status	Certified Copy tadditional copy is enclosed)	Certifica Certified	te of Status &
	G ADDRESS:	STREET/COURI Registration Section		
Division of	on Section of Corporations	Division of Corpora		
P.O. Box Tallahasse	6327 ee, FL 32314	Clifton Building 2661 Executive Ce	nter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ULTRA ANIME I	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 10/19/22 and assigned
Florida document number <u>L22000451185</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	dity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	802 Gentle Breeze Dr
(Principal office address MUST BE A STREET ADDRESS)	Minneola ~
	FL, 34715
Enter new mailing address, if applicable:	802 Gentle Breeze Dr
(Mailing address MAY BE A POST OFFICE BOX)	Minneola
	FL, 34715
	•
B. If amending the registered agent and/or registered o	
registered agent and/or the new registered office address her	<u>10</u> :
Ni (Ni (D. Caralla)	
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 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, <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>	Address	Type of Action
MGR	Anthlone Wade	802 Gentle Breeze Dr	
		Minneola	Remove
		FL, 34715	☐ Change
MGR_	Symphoni Johnson	802 Gentle Breeze Dr	
		<u>Minneola</u>	Remove
		FL, 34715	☐ Change
		 	Remove
			: Change
			□ Remove
			☐ Change
			Remove
			☐ Change
			Remove
			☐ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ive date, if other than the date of filing: N/A (optional) (ective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	0207 (3 d as th
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
Dated	December 22 nd 2022 AMMONI W. Wadden Signature of a member or authorized tepresentative of a member	
	Anthlone Wade	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

COVER LETTER

TO:

TO:	Registration Se Division of Cor			
SUBJI	ect: <u>ULTRA A</u>	ANIME INSTINCTZ, LLO	2	
		Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and feets) are sub-	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Corpor	ate Maintenance Le	ad
			Name of Person	
		Proc	essing Department	
			Firm Company	7
		1	450 Vassar St	· .
		•	Address	1
			Reno, NV 89502	
			City State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For fu	rther information c	oncerning this matter, please co	ıll:	
	Process	ing Department	at 800 638-2320	1
	Name o	f Person		ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
☑ S2	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)
	Registr Divisiç P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive C	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ULTRA ANIME I	NSTINCTZ, LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number L22000451185	were filed on 10/19/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	802 Gentle Breeze Dr	
Principal office address MUST BE A STREET ADDRESS)	<u>Minneola</u>	
	FL. 34715	75
Inter new mailing address, if applicable:	802 Gentle Breeze Dr	
Mailing address MAY BE A POST OFFICE BOX)	Minneola	·
	FL, 34715	
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		er the name of the
	. Florida	
	Cuv	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:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Anthlone Wade	802 Gentle Breeze Dr	□ Add
		Minneola	Remove
		FL, 34715	
MGR	Symphoni Johnson	802 Gentle Breeze Dr	
		Minneola	Remove
		FL, 34715	
			\ \ \ \ \text{\text{\$\infty} \text{\$\text{\$\dd}\$}}
			□ Remove
			Change
			<u>A</u> dd
			□ Remove
			Change
			Remove
			Change
			Remove
			☐ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: N/A (optional) fective 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 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
he re	cord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of 90th day after the record is filed.
Dated	Anthlone W. Wadel
	Signature of a member or authorized tepresentative of a member
	Anthlone Wade Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00