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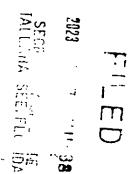
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COVER LETTER

TO:

Registration Section
Division of Corporations

DUCK & SUBJECT:	STRAYS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jacob Garber		
		Name of Person	
	Duck & Strays LLC		
		Firm/Company	
	1317 Edgewater Dr. #549.	5	2023 SECP FALL:
		Address	-
	Orlando, FL 32804		
		City/State and Zip Code	
	info@duckandstrays.com		,
	E-mail address: (to be used for future annual report notification)	— 몇째 🥁
For further information	concerning this matter, please c	all:	
Jacob Garber		407 4709553 at ()	
Name	of Person	Area Code Daytime Telephone N	umber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Duck & Strays LLC			
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited		n January 05, 2023	and assigned
lorida document number 1.23000011759	·		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liability compa	ny here:	
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
		·	
nter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>		
. If amending the registered agent and/or gent and/or the new registered office addr		our records, <u>enter the n</u>	ame of the new registe
cent and/or the new registered office addr	ess neve.		
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	1317 Edgewater Drive #549	5	
-	Ente	r Florida street address	
	Orlando	Florida	32804
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Jacob Garber	1317 Edgewater Drive #5495	□ ∧dd
		Orlando, FL, 32804	□Remove
			≡ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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ffective date, if other than the an effective date is listed, the date mus	the specific and can	not be prior to o	late of filing or m	ore than 90 days	optional) after filing.) Pursua	int to 605,0207 (
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ocument's effective date on the De	epartment of State	s records.				
record specifies a delayed effective is filed.	e date, but not an o	effective time	, at 12:01 a.m.	on the earlier o	of: (b) The 90th	day after the
is filed.						
January 24	2	023				
ated	· _		·			
	(ber or authoriz				

Typed or printed name of signee