L23000049970

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200413816152

08/14/23+-01010+-021 **25.00

2023 AUS | L PH I2: 45

A. PARISHANI AUG 1 9 2023

COVER LETTER

	Registration Se Division of Cor					
CUD IE		GENETICS LLC	•			
SUBJEC	J1:	Name of Lim				
				207		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	<u>ئ</u> ئار		
Please re	eturn all correspo	indence concerning this matter	to the following:	2023 ALIS 1 14 PH 12: 45		
		LESLIE THACKER		PH 12:		
			Name of Person			
		MAJESTIC GENETICS L	LC			
			Firm/Company			
		38742 COLUMBIA AVE				
			Address			
		ZEPHYRHILLS, FL 3354	0			
City/State and Zip Code						
		DAMYEN311@GMAIL.C	OM to be used for future annual report notification			
For furth	er information c	oncerning this matter, please ca		•		
LESLIE	THACKER		813 940-1219			
	Name o	f Person	Area Code Daytime Telepl	none Number		
Enclosed	l is a check for th	ne following amount:				
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration S		Street Address: Registration Section			
	Division of C	Corporations	Division of Corporati			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MAJESTIC GENETICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{01/26/2023}{1}$ and assigned Florida document number ____L23000049970 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HYPNOTIC SERPENTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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
				□Add
				□Remove
				ZQChange AUG
	<u></u>			G □Add
				D III KijRemove
			•	 51 □Change
				□Add
				□Remove
				□Change
				□Add
				Remove
				Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□Change

				2
			 	2021
<u></u>			<u> </u>	<u> </u>
				
			<u>.</u>	P . :
			<u></u>	<u>~</u>
				<u> </u>
				
				
				
				
	· · · ·			
		· · ·		
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be possible. If the date inserted in this block does not meet the approximent's effective date on the Department of State's reco	plicable statutory	3 or more than 90 c filing requireme	_ (optional) lays after filing.) Puents, this date will	rsuant to 605.020 I not be listed as
record specifies a delayed effective date, but not an effective	ve time, at 12:01 a	a.m. on the carli	er of: (b) The 90	Oth day after the
is filed.				
l is filed.	 chee			

Filing Fee: \$25.00