L23000051682

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S. ROBERTS
MAY 1 3 2023

COVER LETTER

TO:

	gistration Se vision of Cor					
SUBJECT:		ED BLOODLINE KENNEL L	LC			
SUBJECT:	Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		ANILUS, WALSON N				
			Name of Person			
	Firm/Company					
		555 NE 157 TERRACE				
	·					
		NORTH MIAMI, FL 3316				
For further	information c	E-mail address: (oncerning this matter, please c	-	tification)		
ANILUS, V	VALSON N		786 973-0662			
	Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Re Di	ailing Addreses sistration Servision of CO. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	orporations		
	llahassee, I			oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CERTIFIED BLOODLINE KENNEL 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 $\frac{01-27-2023}{\cdots}$ and assigned Florida document number L23000051682 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 , Florida

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
MRG	ANILUS, WALSON N	555 NE 157 TERRACE Nath Mine;	FL3JI W ■Add
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n effective date <u>(te:</u> If the dat	if other than the c is listed, the date must e inserted in this bloc ctive date on the Dep	be specific and canno ik does not meet th	t be prior to date of f ne applicable statut	ling or more than 90 ory filing requiren	(optional) days after filing.) Pursua nents, this date will no	ant to 605.0207 of be listed as
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Filing Fee: \$25.00

Typed or printed name of signee