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COVER LETTER

TO: **Registration Section Division of Corporations**

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SEA & LAND PET SUPPLEMENTALS, LLC

SUBJECT:

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

TOMAS NARBUTAS

Name of Person

Firm/Company

1719 HAYES STREET

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

SALES@SEALANDPETSUPPLEMENTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOMAS NARBUTAS

Name of Person

766-6025 at (____ Area Code

305

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$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)

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section** Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEA & LAND PET SUPPLEMENTALS, LL		24118
(A Florida	y Company as it now appears on our records.) Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Co	ompany were filed on JANUARY 18, 2024	م and assigned
Florida document number L24000035800		<i>Ç</i> .
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
SEA & LAND PET SUPPLEMENTS, LLC		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
<u>a antes nere</u> .		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid:	
	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 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
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Title	<u>Name</u>	Address	Type of Action
<u> </u>			🗆 🗆 Add
			🗆 Remove
			□Change
	<u> </u>		🗆 Add
			Change
			🗆 Add
			🗆 Remove
			Clunge
			🗆 Add
			🗆 Remove
			Change
			□Add
			□Change
<u>.</u>			🗆 Add
			□Change

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D. 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.

MARCH 10 Dated	2024
<u> </u>	;/`
	Sar 19
	Signature of a member or authorized representative of a member
TOMAS NARBU	TAS