Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN m K&HTOPPUREBREED L.L.C.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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Help

#### From: Rajiv Srivastava

## **COVER LETTER**

TO: Registration Se- Division of Cor			
SUBJECT: K&H	TOPPUREBRE	ED L.L.C.	
30031.01.	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Mike Town		
		Name of Person	
	Legalzoom.com, Inc.		
	•	Firm/Company	
	9900 Spectrum Dr		
		Address	
	Austin, TX 78717		
		City/State and Zip Code	
	863toppurebreed@gmail.co		<del></del>
		o be used for future annual report notifi	cation)
For further information ed	oncerning this matter, please ca	ill:	
Mike Town		800 773-0888 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### From: Rajiv Srivastava

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&HTOPPUREBREED L.L.C.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number $\frac{124000326382}{}$ .	were filed on 07/23/2024	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:	
K&HExoticPureBreedSolutions L.L.C.		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	382 NE 191st St.	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33179	
		703
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2 2 1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		1000
New Registered Office Address:	Enter Florida street address	
	para atala	
	, Florida	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

To:

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
	<b>1</b>		Add
			Remove
			Change
			☐ Remove
			Change
			D Remove
			Change
			☐ Remove
			□ Change

110	Page: 06 of 36	2024-11-28 10:32:59 PST	13236068205	From; Rajiv Srivas
. itam	ending any other informatio	n, enter change(s) here: (Attach ad	dditional sheets, if necessary.)	
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To:

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Filing Fee: \$25.00