

To:

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2025-01-15 06:39:33 UTC-14

18506176383

From: ZenBusiness User

H25000016031 3

L25000003490

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H25000016031 3))



H2500001603134BCS

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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2025 JAN 14 PM 1:18

DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MILK DUCKS LACTATION, LLC**

Certificate of Status	0
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Corporate Filing Menu

W. SALY

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JAN 15 2025

To:

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2025-01-15 06:39:33 UTC+14
ARTICLES OF AMENDMENT

18506176383

From: ZenBusiness User
H250000160313

TO
ARTICLES OF ORGANIZATION
OF

Milk Ducks Lactation, LLC

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

2025 JAN 14 PM 3:03
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/02/2025 and assigned
Florida document number 1.25000003490.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Milk Ducks Lactation 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

Florida

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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Kathleen McCready	4914 Rosedown Drive	☐ Add
		Leesburg, FL 34748 US	☐ Remove
			☒ Change
MGR	Kathleen McCready	4914 Rosedown Drive	☒ Add
		Leesburg, FL 34748 US	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2025 JAN 15 PM 11:00
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2025 JUN 14 PM 3:09
CLERK OF DISTRICT COURT
JULIA A. HARRIS

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 1/14, 2025

/s/ Kathleen McCready

Signature of a member or authorized representative of a member

Kathleen McCready

Typed or printed name of signee