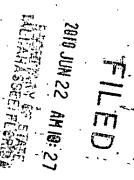
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| ** | (Requestor's Name) |
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| - | (Address) |
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| PICK-U | P MAIL MAIL |
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| | (Business Entity Name) |
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| Certified Copies | Certificates of Status |
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| Special Instruction | s to Filing Officer: |
| m **3 | |
| | A. LUNT |
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Office Use Only

COVER LETTER

TO:

Registration Section

| Division of Co | rporations | | | | |
|----------------------------|--|---|--------------|-----------------|---|
| SUBJECT: | Island | d Dogs, LLC | | | |
| | | ted Liability Company | | | |
| | • | | | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| . | R | ichard G. Chosid, Esq Name of Person | i i | | |
| • | | | | | |
| • | Law | Firm of Richard Chosid Firm/Company | 4 | | |
| | | Tim/Company | ; | | |
| - | 5 | 550 Glades, Suite 500 | , | بمدرمت | |
| | | Address | • | | |
| | 8 | loca Raton, FL 33431 | | ALEXH 598 | - |
| • | | City/State and Zip Code | | | |
| | E-mail address: (| to be used for future annual report notificatio | n) | | |
| For further information | concerning this matter, please of | call: | • | 9: 27 | - |
| | nard G. Chosid | at (| -1500 | | |
| Name | of Person | Area Code & Daytime Tele | ephone Numbe | r | |
| Enclosed is a check for t | the following amount: | | | , | |
| ₹25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie | ate of Status & | |
| Regisi Divisi P.O. E | LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314 | STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | os † | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Isl | and Dogs, LLC | · | · |
|---|---|-------------------------|--------------------------|
| (<u>Name of the Limited Ligbili</u> (A Florida | ty Company as it now appear a Limited Liability Company) | irs on our records.) | |
| The Articles of Organization for this Limited Liability | Company were filed on | 08/30/2004 | and assigned |
| Florida document number L0400063945 | | 1 | - |
| | ' | | |
| This amendment is submitted to amend the following: | | ï | |
| A. If amending name, enter the new name of the lip | nited liability company he | • <u>re</u> : | • |
| | Dog Standing, LLC | | |
| The new name must be distinguishable and end with the w "L.L.C." | ords "Limited Liability Comp | any," the designation " | LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | ORESS) | • | |
| | | | |
| | • | | 题 22 |
| Enter new mailing address, if applicable: | | 1 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | ŀ | |
| | | | 5 N |
| | | | . K |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad | | our records, enter | the name of the new |
| | | • | |
| Name of New Registered Agent: | <u> </u> | | |
| New Registered Office Address: | | | |
| - | E | nter Florida street add | dress |
| | | : | |
| | 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 608, 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.

Is amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

| MGRM = M | anaging Member | | · | |
|--------------|------------------------------------|--|-------------------|-----------------|
| <u>Title</u> | Name | Address | : | Type of Action |
| | · . | | | - |
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| D. If amendi | ing any other information, enter c | hange(s) here: (Attach additional shee | ets, if necessary | D 18: 27 |
| | | | *** | _ |
| | | | 1 | |
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| | | | | <u></u> |
| Dated | 5/28/10 | | | |
| Daleu | , - | * | | |
| | | | | |
| | Signature of a me | ember or authorized representative of a me | mber | |
| • | Т | Mark Vasu 'yped or printed name of signee | • . | |
| | | | | |

Page 2 of 2

Filing Fee: \$25.00