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(Requestor's Name)
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(City/State/Zip/Phone #)
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. PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

B FIGUEROA MAY 11 2018



April 19, 2018

JOHN W MOBLEY JR 1221 CLIMBING ROSE DR ORLANDO, FL 32818

SUBJECT: MAN CUB DOG TRAINING LLC

Ref. Number: L18000062620

We have received your document for MAN CUB DOG TRAINING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign LLC, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 918A00008016

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Man Cub Dog Training LLC Name Dimited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John W Mobley 50	
Firm/Company	
1221 Climbing Rose Or Address	
Orlando Fl 32818 City/State and Zip Code	
man Cubtraining Damail. Com E-mail address: (to be used) or tique annual report notification)	
For further information concerning this matter, please call:	
Jehn W Moha at (407) 501-1409 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Signature	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Man Cub Doc	Training L	-LC
(Name of the Limited Liability Co (A Florida Limi	(ted Liability Company)	reçorus.
The Articles of Organization for this Limited Liability Comp Florida document number <u>91-8400008016</u> .	any were filed on	and assigned
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 L	iability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our r here:	SECRETARY OF STREET PH 4 new cords, entering:
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	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

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 Title Name Address Type of Action John Mobber 1221 Climbing Rose Dr BAND Orlando fl 328/8 - Remove __ Change Jaylen Mobbey 1221 Climbing lose Dr DAW _□ Change Jared Mobbly ☐ Change □ Add Change □ Add □ Remove _ Change

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Signature of a member of authorized representative of a member	med 05/0//		
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Filing Fee: \$25.00