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ADIA ATA

M. THOMAS

AUG 1 9 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	N4	'8 ₄
SUBJECT: DIRTYDOGSTYLE LLC (Name of Limited Liability Company)	_	
The enclosed Articles of Amendment and fcc(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Robert E. Harding Jr.		
(Firm/Company)		
318 Palm Ave.		
Islamorada, FL. 33036 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Robert E. Harding Jr. at (305) 394-1017 (Name of Person) (Area Code & Daytime Telephone No.	SECRETAH ALLAHASS	91 SON 80
Enclosed is a check for the following amount:	E E E	FILED 18 AM
Certificate of Status Certified Copy Certi	Filing Fee, Since of Status ified Copy	9: 33

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	OGSTYLE. L Company as it now appears on o Limited Liability Company)	L C ur records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L070008629</u>		-23-2007 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim Boondock The new name must be distinguishable and end with the wo	Society LLC	ce designation "LLC" or the abbreviation	ì
"L.L.C." Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)			
Enter new mailing address, if applicable:		SE SE	
(Mailing address MAY BE A POST OFFICE BOX)		OD AUG 18 SECRETAR TALLAHASS	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our re lress here:	(T) = C	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Fl	orida street address)	
	(City)	, Florida(Zip Code)	
	(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.

(If Changing Registered Agent, Signature of New Registered Agent)

If 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

	<u>Name</u>	<u>Address</u>	Type of Actio
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amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.	OF STATE
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Filing Fee: \$25.00