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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FI ORINA

COVER LETTER

10:	Division of Cor			
SUBJE	CCT:	State Cham	pion Services LLC	
CODOL			ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Joseph J. McGurrin	
			Name of Person	
			BrandDog	7, 2
			Firm/Company	
			659 beach ave	
			Address	L#1
		Atl	antic Beach FL, 32233	PH -: IL
		,	City/State and Zip Code	ORAL TO
		E mail addrage: /	Joe@cme.edu	,
For fur	ther information o	concerning this matter, please of	•	
	.lose	ph J. McGurrin	at (904) 993-4	4980
		of Person	Area Code & Daytime Telepl	
			•	
Enclose	ed is a check for t	he following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

State Champion	Services LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our record iability Company)	<u>ş.</u>)
The Articles of Organization for this Limited Liability Company	were filed on6/18/2009	9 and assigned
Florida document numberL0900059490		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BrandDog	g LLC	7A: 20
The new name must be distinguishable and end with the words. "Limit 'L.L.C."	ted Liability Company," the designat	
Enter new principal offices address, if applicable:	Joseph J. McGurrin	ASS
(Principal office address MUST BE A STREET ADDRESS)	659 beach ave	Ho P III
	Atlantic Beach FL, 32233	
Enter new mailing address, if applicable:	Joseph J. McGurrin	
(Mailing address MAY BE A POST OFFICE BOX)	659 beach ave	
	Atlantic Beach FL, 32233	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	, Florid	
	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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Joseph M Mcgurrin	659 beach ave Atlantic Beach FL, 32233	Add Remove
<u>MGRM</u>	Justin A McGurrin	659 beach ave Atlantic Beach FL, 32233	✓ Add ☐ Remove
MGRM	Olivia McGurrin	659 beach ave Atlantic Beach FL, 32233	✓ Add ☐ Remove
MGRM	Charlye L McGurrin	659 beach ave Atlantic Beach FL, 32233	Add A OR Remove
			ASSI Add Reffibve
D. If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necessa	Remove ary.)
_			
Dated	October 12 Branch	2009 MC Lemin	
	Signature of a me	pmber or authorized representative of a member Oh Corres Open or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00