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## COVER LETTER

	istration Secti ision of Corpo		
SUBJECT:	FIREDOG FA	RMS LLC	
SUBJECT;	.,	Name of Limited Liability Company	
The enclosed	Articles of An	nendment and fee(s) are submitted for filing.	
Please return	ail correspond	ence concerning this matter to the following:	
		John K Johnson	
		Name of Person	-
		FIREDOG FARMS LLC	
		Firm/Company	-
		PO Box 488	• • •
		Address	<del>-</del>
		Ft Ogden FL 34267	:
		City/State and Zip Code	
	_	firedogfarmsllc@gmail.com	
For further in	oformation cond	E-mail address: (to be used for future annual report notification) cerning this matter, please call:	1-11 5
John K John	son	863 9906570 at ( )	
	Name of Pe		r
Enclosed is a	check for the f	following amount:	
■ \$25.00 F	iling Fee	(additional copy is enclosed) Certified	ite of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FIREDOG FARMS LLC

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

(A Florida Limited I	lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000027283</u> .	were filed on 03/11/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ty 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)	
Fator was available address if and backles	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
indiang address piAt BE A POST OFFICE BOAJ	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registere</u>
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:	City Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kelley A Miller	2008 GRIFFIN RD Wauchula FL 33873	<b>=</b> Add
			🗆 Remove
			□Change
AMBR	John K Johnson Jr	9008 SW Highway 17 Arcadia FL 34266	\begin{align*} \be
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			□Change
			□Add
			□Remove
			□Change ;
<del></del>	<del></del>		
			 <u> </u>
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· <del></del>		1.1	□Add
			□Remove
			☐ Change
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fective date, if other than the date of filing:			,		
n effective date is listed, the date must be specific and cann	ot be prior to da	te of filing or mo	re than 90 days	optional) safter filing.)	Pursuant to 605.0
nte: If the date inserted in this block does not meet to current's effective date on the Department of State's	he applicable	statutory filing	геquirement	s, this date v	vill not be listed
	, records.				
ecord specifies a delayed effective date, but not an ef	ffective time :	at l <sup>n</sup> -Olama	the earlier of	of (h) The	Outh day after t
is filed.				/ (0) THE	your day arter t
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August 9 20:	24				
iea	<del></del> -				
led	·				
August 9 20:	er or authorized	representative of	(a mambar		

Filing Fee: \$25.00