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COVER LETTER

TO: A Registration of	on Section Corporations
	CAMP K9 LLC
SUBJECT:	Name of Limited Liability Company
	es of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	MARIA REBELO
	Name of Person
	KIM'S CAMP K9 LLC
	Firm/Company
	5314 SPANISH TRAIL
	Address
	HOLIDAY, FL 34653
	City/State and Zip Code
	MYCAMPK9PALMHARBOR@YAHOO.COM
	E-mail address: (to be used for future annual report notification)
For further informati	ion concerning this matter, please call:
MARIA REBELO	727 286-6294 at ()
Na	arme of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
\$25.00 Filing Fe	ce Solution from the status Solution from the

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

KIM'S CAMP K9 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{6/4/2010}{}$ and assigned Florida document number L10000060255 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KIM'S CAMP K9 & K9 RE-TREAT LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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

MGR = Manager AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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	Signature of a mer	mber or authorized	representative of a	ı member	<u>्रा</u>	_ _
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