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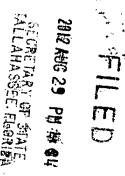
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EXAMINES

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COVER LETTER

TO: Registration S Division of C	Section orporations			
SUBJECT: DYNA	AMIC DOGS REHAB Name of Limi	AND SPORTS MEDICING ted Liability Company	E.LLC.	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		,
Please return all corres	pondence concerning this matter	to the following:		
	ERIN A	A. OCOWNELL Name of Person	78.C M	" ח
	, .		# 5 S	*****
	· . ·	Firm/Company		T
		rim/Company		
	1946 BA	Y DR		
,		Address	F F	
	TALLAHA	SSEE FL 32303 City/State and Zip Code	3	,
	Caninep- E-mail address: (to be used for future annual report notifica	tion)	
For further information	concerning this matter, please of	eall:		
- 00		,		
Erin OCO	ofPerson	at (850) 544 029. Area Code & Daytime 1	Celephone Number	
Nanic)	Alea Code de Daytille		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 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))

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

DYNAMIC DOES RI (Name of the Limited	EHAB AND	SPORTS MEDICA	NE LLC 30 3		
(A	Florida Limited I	Liability Company)	AS & J		
The Articles of Organization for this Limited L	iability Company	were filed on APRI	L 25,2012 and as gned		
Florida document numberL12000556			Per Per Common Per Com		
•	,				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here:			
CANINE SPORTS MEDICIA The new name must be distinguishable and end wi "L.L.C."	TE AN B RE	HABILITATION, ited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applic	able:	NA			
(Principal office address MUST BE A STREE	T ADDRESS)	· · · · · · · · · · · · · · · · · · ·	·		
Enter new mailing address, if applicable:		NA			
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and/ registered agent and/or the new registered of	ffice address her		ecords, enter the name of the new		
Name of New Registered Agent:	NA NA				
New Registered Office Address:	NA	····			
•	•	Enter Florida street 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 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 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 1 = Managing Memb	er		
<u>Title</u>	<u>Name</u>		Address	Type of Action
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				Remove
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Dated _	AUGUST	28 . ZOI	17	
Daica_	MOWE	(()		2
		Signature of a member	or authorized representative of a member	a.
	•	ERIN OCON	WELL	
. •		Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00