NHC00006276

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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T. MATTHEWS JUL 26 2022

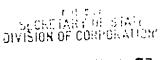
COVER LETTER

TO:	Registration So Division of Cor			
CI D II	WALK IT	OFF WAGGING LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Sherry A Peters		
			Name of Person	
		Walk it Off Wagging LLC		
			Firm/Company	······································
		630 Shadow Ridge Drive		
			Address	
		Davenport, FL 33897		
		littledog05653@yahoo.com	City/State and Zip Code	
		= =:	to be used for future annual report r	notification)
For fur	ther information c	oncerning this matter, please c	all:	
Sherry	A Peters		518 258-2275	
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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

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

ARTICLES OF AMENDMENT TO SCORE TARE HE STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATION OF



22 MAY 23 AM 10: 57

WALK IT OFF WAGGING LLC	·		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Plorida document number L14000006276	were filed on 1/13/2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	630 Shadow Ridge Drive		
(Principal office address MUST BE A STREET ADDRESS)	Davenport, FL 33897		
Enter new mailing address, if applicable:	630 Shadow Ridge Drive		
Mailing address MAY BE A POST OFFICE BOX)	Davenport, FL 33897		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
New negistered Office Address.	Enter Florida street address		
	Floric	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 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

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>	Name	<u>Address</u>	Type of Action
AMBR	Richard J Murgolo	25 Laura Court Davenport, FL 33837	□Add
			≡ Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change
			□Add
			□Remove

Effective date, if other than the date of filing: [an effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated May 19th 2022 Signature of a member or authorized representative of a member							
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Signature of a member or authorized representative of a member		$\overline{}$	~~	_,	 •		
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