

U4000041629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

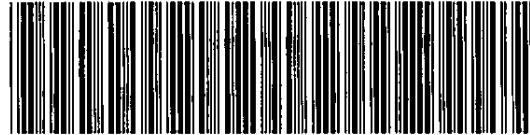
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
15 JUL 27 PM 4:45  
SOUTHERN DISTRICT  
TOLSON, FLORIDA

JUL 28 2015  
S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wholistic Canine Concepts LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Jones  
Name of Person

Wholistic Canine Concepts LLC  
Firm/Company

19802 Gunn Hwy  
Address

Odessa FL 33556  
City/State and Zip Code

training@evildogs.com  
E-mail address: (to be used for future annual report notification)

FILED  
15 JUL 27 PM 4:46  
STATE  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

John Jones at (814) 769 1883  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TO  
**ARTICLES OF ORGANIZATION**  
OF

Wholistic Canine Concepts 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 March 12, 2014 and assigned Florida document number L14000041629.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)**

19802 Gunn Hwy  
Odessa, FL 33556

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

19802 Gunn Hwy  
Odessa, FL 33556

**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

City, Florida 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**

~~REMOVED FROM OUR SYSTEM~~

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|----------------|-------------------------|--------------------------------------------|
| MGR          | Michael Miller | 3210 W Lutz Lakefern Rd | <input type="checkbox"/> Add               |
|              |                | Lutz FL 33558           | <input checked="" type="checkbox"/> Remove |
|              |                |                         | <input type="checkbox"/> Change            |
|              |                |                         | <input type="checkbox"/> Add               |
|              |                |                         | <input type="checkbox"/> Remove            |
|              |                |                         | <input type="checkbox"/> Change            |
|              |                |                         | <input type="checkbox"/> Add               |
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|              |                |                         | <input type="checkbox"/> Change            |
|              |                |                         | <input type="checkbox"/> Add               |
|              |                |                         | <input type="checkbox"/> Remove            |
|              |                |                         | <input type="checkbox"/> Change            |
|              |                |                         | <input type="checkbox"/> Add               |
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|              |                |                         | <input type="checkbox"/> Change            |
|              |                |                         | <input type="checkbox"/> Add               |
|              |                |                         | <input type="checkbox"/> Remove            |
|              |                |                         | <input type="checkbox"/> Change            |

FILED  
JUN 27 4 06 PM '06  
CLERK OF DISTRICT COURT  
JULIA M. HARRIS

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E. Effective date, if other than the date of filing: \_\_\_\_\_, (optional)

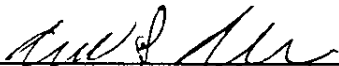
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated 07/03/2015, 2015.



Signature of a member or authorized representative of a member

Michael Miller

Typed or printed name of signee

FILED  
JUL 2 11 PM 16 604  
SECRETARY OF STATE  
DEPARTMENT OF STATE  
WASHINGTON, D.C. 20540