

L 1400 0070399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

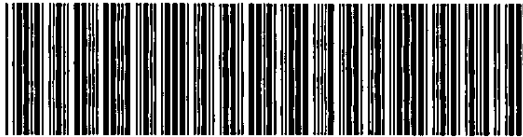
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/14/15--01002--013 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR 14 PM 1:10

EFFECTIVE DATE

April 17, 2015

Amend/cus
10/4/27.15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Big Dog Solutions 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:

CHRISTOPHER COSTANZA

Name of Person

Big Dog Solutions LLC

Firm/Company

2240 W Woolbright Rd Suite 205

Address

Boynton Beach FL 33426

City/State and Zip Code

Chris big dog solutions @ gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS COSTANZA

Name of Person

at (561) 929-1583

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EFFECTIVE DATE
APR 17 2015

Big Dog Solutions 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 5-1-2014 and assigned Florida document number L14000070399

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 end with 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)

FILED
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
2015 APR 14 PM 1:10

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:

Suzanne W Harris

New Registered Office Address:

10405 willow oaks trail

Enter Florida street address

Boynton Beach

City

Florida 33473

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.

S Harris

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

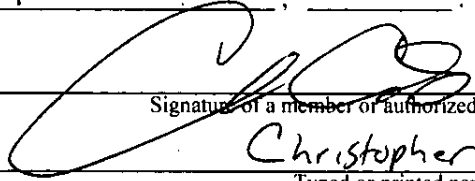
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Christopher J Costanza</u>	<u>10405 willow oaks trail</u>	<input type="checkbox"/> Add
		<u>Boynton Beach FL 33473</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Suzanne W. Harris</u>	<u>10405 willow oaks trail</u>	<input checked="" type="checkbox"/> Add
		<u>Boynton Beach FL, 33473</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 4/17/15 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/9/2015



Signature of a member or authorized representative of a member

Christopher J Costawza

Typed or printed name of signee