45000 158836

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| , |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusilless Littly Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |

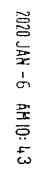
Office Use Only

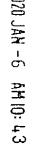


000338666900

no mo se series -n/5 **25,00

S TALLENT FEB - 4 2020





COVER LETTER

| TO: | Registration Section Division of Corporat | ions | | |
|--|--|----------------------------|---|--|
| SUBJE | CT: | 9 (untry | ited Liability Company | |
| StibleCT: K9 (why ISA) LC 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: Lizubith Servict Name of Person | | | | |
| | Division of Corporations SUBJECT: | | | |
| | _ | E | Name of Person | |
| | _ | • | | |
| | _ | 1570 | Wohner Creek D. | ~1/4 |
| | | Fleming | /s/4/ / / 32 OC City/State and Zip Code |) 3 |
| | _ | | · | notification) |
| For furth | ner information concer | ning this matter, please c | all; | |
| <u> </u> | Name of Person | n | at (<u>404</u>) <u>46</u> Area Code Da | ytime Telephone Number |
| Enclosed | is a check for the foll | owing amount: | | |
| [≱(\$2 5. | .00 Filing Fcc | | Certified Copy | Certificate of Status & Certified Copy |
| | Registration Section | | Registration | Section |
| | Division of Corno | ratione | Division of | Cornorations |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| K9 Contry LISA. | Lll | |
|---|---|--------------------------------|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our record Liability Company) | 15.) |
| The Articles of Organization for this Limited Liability Company | were filed on 1/1/2020 | 9/17/2015 and assigned |
| Florida document number <u>L1500/2158936</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ic Kirtic | K9s, LLC |
| The new name must be distinguishable and contain the words "Limited Liabi | ility 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) | | 2020 |
| | | |
| | | ا ا |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | SS. |
| - | | orida |
| | 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 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | |
| | | | □Remove |
| | | | Change |
| | | | |
| | | | □Remove |
| | | | □ Change |
| | | | □ Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | © Remove |
| | | | Change |
| | | | □ Add |
| | | | □Remove |
| | | | |

| - | |
|--|--|
| | |
| | |
| | |
| Effective : If an effective Note: If the | date, if other than the date of filing: (optional) we 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t |
| | 's effective date on the Department of State's records. |
| e record sp rd is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | Signature of a member or authorized representative of a member |
| | E Seried |
| | Signature of a member or authorized representative of a member |