## 115000212154

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
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## **COVER LETTER**

Division of Cor	rporations		
OT US AD OWN	TION DOG TRAINING, LLC	•.	
SUBJECT:	Name of Limite	ed Liability Company	
	Amendment and fee(s) are submondence concerning this matter to	-	
	ERICA SIFFRINN		
		Name of Person .	
	REVOLUTION DOG TRAI	INING, LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	•
	10308 CARROLL COVE P	LACE	
		Address	- 11 HAVE AND ADDRESS OF THE STREET
	TAMPA, FL 33612		
		City/State and Zip Code	**************************************
	RECKSIFFRINN22@GMAI		
		be used for future annual report notifi	cation)
For further information c	oncerning this matter, please call	:	
BRIANNA RYCHCIK		919 770-0514	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

REVOLUTION DOG TRAINING			
(Name of the Lim	ited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited I Florida document number L15000212154	Liability Company were filed on $\frac{\Gamma}{\Gamma}$	DECEMBER 23, 2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company l	<u>iere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			;
(Mailing address MAY BE A POST OFFICE	<u> </u>		70
B. If amending the registered agent and registered agent and/or the new registered of		n our records, <u>enter (</u>	he name of the
Name of New Registered Agent:	ERICA SIFFRINN		( '-
New Registered Office Address:	10308 CARROLL COVE PLAC		
	Enter Flo	orida street address	
	TAMPA	, Florida <u></u>	12
	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>	<u>Name</u>	Address	Type of Action
MGR	BRIANNA RYCHCIK	10308 CARROLL COVE PLACE	□ Adđ
		TAMPA. FL 33612	■ Remove
			□ Change
			Add
			□ Remove
			☐ Change
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ote: If the date inserted in this block does not meet the applica	able statutory filing requirements, this date will not b	e listed
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not	r an effective time, at 12:01 a.m. on the	earlier
The 90th day after the record is filed.	t an enceave ame, at 12.01 ami on the	-un Hei
, MARCH 2 2016		
ated,	<u> </u>	

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Typed or printed name of signee

Filing Fee: \$25.00