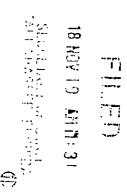
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| Division of Co | | • | |
|----------------------------|---|---|--|
| HARTMA SUBJECT: | N'S CANINE CENTER LLC | | |
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for tiling. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | AL V. HARTMAN | | |
| | | Name of Person | |
| | HARTMAN'S CANINE C | ENTER LLC | |
| | | Firm/Company | · |
| | 6242 OIL WELL RD | | |
| | | Address | |
| | CLERMONT, FL 34714 | | |
| | | City/State and Zip Code | |
| | ALVAN0124@GMAIL.CO | | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information o | concerning this matter, please c | all: | |
| AL V. HARTMAN | | 352 978-6592 | |
| Name (| of Person | at () Area Code Daytime | : Telephone Number |
| Enclosed is a check for t | 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) |
| MAIL | ING ADDRESS: | STREET/COURT | ER ADDRESS: |

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HARTMAN'S CANINE CENTER LLC | | | |
|---|---|-----------------|------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | npany as it now appears on our records.) ad Liability Company) | | |
| The Articles of Organization for this Limited Liability Comparation for the Liability Comparation document number $\frac{L17000046740}{L17000046740}$. | ny were filed on JAN 13, 2018 | | ind assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | ability company here: | | |
| | | | |
| he new name must be distinguishable and contain the words "Limited Lic | ability Company," the designation "LLC" c | or the abbrevia | tion "L.L.C." |
| nter new principal offices address, if applicable: | | | <u> </u> |
| Principal office address MUST BE A STREET ADDRESS) | | <u> </u> | <u> </u> |
| | | : | E m |
| | | 17 T | 9 |
| nter new mailing address, if applicable: | | | - 771 |
| Mailing address MAY BE A POST OFFICE BOX) | • | - C | 3 5 |
| | | <u> </u> | ω |
| | | <u>a</u> . | *** |
| If amending the registered agent and/or registered egistered agent and/or the new registered office address he | | enter the | name of the |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | Flori | | |
| | City | Zsį |) 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> | <u>Address</u> | Type of Action |
|--------------|------------------|--|--------------------|
| MGR | WHITNEY, KELLY S | | Add |
| | | 6242 OIL WELL RD CLERMONT, FL 34714 | ■ Remove |
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| OCT 11. | 018 | | |
| ective date, if other than the date of filing: | to date of filing or more than 90 days | optional) after filing.) Pursua | int to 605,02 |
| te: If the date inserted in this block does not meet the appl cument's effective date on the Department of State's record | able statutory filing requirements. | , this date will no | t be listed: |
| | | | |
| record specifies a delayed effective date, but r | ot an effective time, at 12:0 | 01 a.m. on the | e earlier |
| he 90th day after the record is filed. | | | |
| OCTOBER 11TH 2018 | | | |
| IN AL | · | | |
| | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00