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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| 7. PM 4: 54 3.E. J. VORIDA 3.E. J. VORIDA |
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COVER LETTER

| TO: Registration So Division of Con | | | |
|--|--|---|--|
| SUBJECT: Dog Activi | ty World, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | · · · · · · · · · · · · · · · · · · · |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | Steven M Weiss | | |
| | | Name of Person | ······································ |
| | Law Offices Of Steven M. | Weiss, P.A. | |
| | | Firm/Company | <u> </u> |
| | 11380 Prosperity Farms Ro | l., Suite 118 | |
| | | Address | · 1-2-2-2- |
| | Palm Beach Gardens, FI 33 | 410 | |
| | | City/State and Zip Code | · |
| | sweiss@smweisslaw.com | | |
| | E-mail address: (t | o be used for future annual report notific | ation) |
| For further information c | oncerning this matter, please ca | ill: | |
| Steven Weiss | | 561 630-9777 | |
| Name o | f Person | at () Area Code Daytime T | Celephone Number |
| Enclosed is a check for the | ne 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

| Dog Activity World, LLC | | |
|--|---|-------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | lity Company as it now appears on our records.) la Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Organization for this Liability Organization for this Liability Organization for this Liability Organization for the L | Company were filed on April 11, 2017 | _ and assigned |
| This amendment is submitted to amend the following: | · | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| Dog Activity World Group, LLC | | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | 7 |
| (Principal office address MUST BE A STREET ADD) | RESS) | APR A |
| | - | 二 温温 |
| | | 3 166 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | |
| B. If amending the registered agent and/or regis | | e name of the nev |
| registered agent and/or the new registered office add | <u>lress here</u> : | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | 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 |
|---------------------------------------|-------------|---------|----------------|
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| Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records. | (optional) O days after filing.) Pursuant to 605.020 ments, this date will not be listed a | |
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| Signature of a member of authorized representative of a member |) | April 14, 2017 |
| Signature or a member of authorized representative of a member | 17 | |
| | ber 20 | Signature or a member of authorized representative of a member |
| Steven M. Weiss | APR 17 PH 4: | Steven M. Weiss |
| Typed or printed name of signee | | Typed or printed name of signee |

Filing Fee: \$25.00

Page 3 of 3