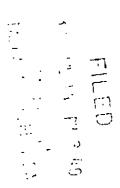


(Requestor's Name)
	Address)
(Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



97/14/17--01019--008 **25.00



D SCOTT JUL 17 2017

COVER LETTER

Division of Corporations
SUBJECT: DOG ACTIVITY WORLD GROUPLLC. 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:
Hannah Wickins Name of Person
Dog Activity World Group LLC
9899 Coronado Lake Drive
Boynton Reach FL 33437 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hannah Wickins at (S61) 704 4071 Name of Person at (S61) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & S60.00 Filing Fee, 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

Name of the Limited Liability Compar (A Florida Limited L	ay as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700081635</u> .	were filed on $04/1/2017$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	4	
The new name must be distinguishable and contain the words "Limited Liabili		
Enter new principal offices address, if applicable:	9899 Corondo Lake Dr	
(Principal office address MUST BE A STREET ADDRESS)	Bounton Beach FL33437	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	As Above	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		<u>iew</u>
Name of New Registered Agent:	1A	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cny Zip Code .	

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.

New Registered Agent's Signature, if changing Registered Agent:

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	Alison Biddulph	7965 Fairway Lane WPB F	33412 - <u>L1</u> 0 Add
	,		Remove
			□ Change
			🗖 Add
			□ Remove
			Change
			Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			Remove
			☐ Change]
			□ Add
		<u> </u>	☐ Remove
			☐ Change

-	NIA
-	
-	
-	
-	
-	
-	· · · · · · · · · · · · · · · · · · ·
-	
-	
-	
-	
_	
(If an eff <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Alison Biddulph Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00