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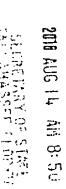
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 8/10- Spoke 2/Kimberly 8/10- Will Scan tempol Po's
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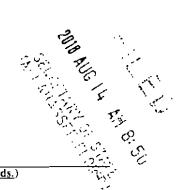
	egistration Se ivision of Cor			
	Liveable D	og, LLC		
SUBJECT	:	Name of Limi	ted Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please retu	rn all correspo	ondence concerning this matter t	to the following:	
		Kimberly Barber		
		<u>-</u>	Name of Person	
		Liveable Dog, LLC		
			Firm/Company	
		3221 Storrington Dr		
			Address	
		Tallahassee, FL 32309		
		livebledes@smail.som	City/State and Zip Code	
		fivabledog@gmail.com E-mail address: ()	to be used for future annual report notifi	cation)
For further	r information c	concerning this matter, please co		
Kimberly	Barber		850 264-6458	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for t	he following amount:		
\$25.00) Filing Fcc	☐ \$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



Liveable Dog, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 05/26/2017	and assigned
Florida document number L17000117338		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Livable Dog, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3221 Storrington Dr.	
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FI 32309	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	<u></u>
	, Fl	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	<i>34</i> , 0
I hereby accept the appointment as registered agent and agr		rther garee to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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 = M AMBR = A	anager uthoriz e d Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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			D Add
			☐ Remove
			☐ Change
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			Change
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fective date, if other tha		08/01/2018		(optional)	
and the second s	his block does not me		iling or more than 90 d ory filing requireme	ays after filing.) Pur nts, this date will	suant to 605.0207 (not be listed as t
ote: If the date inserted in t					
ote: If the date inserted in a cument's effective date on record specifies a de	ayed effective date record is filed.	te, but not an effe	ective time, at 1	2:01 a.m. on t	the ea rl ier of:
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ete: If the date inserted in a cument's effective date on a record specifies a de The 90th day after the	record is filed.	2018. Forts	sentative of a member		2018 AUG 14 SZERZIAGY
ote: If the date inserted in a cument's effective date on record specifies a de the 90th day after the	record is filed.	2018. Portor mber or authorized repre	sentative of a member		2018 2018

Filing Fee: \$25.00