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| (Requestor's Name) |
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| (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: |
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ALLAHASSEL TORIC,

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: DOG ACTIVITY WORLD GROUP - FL, LLC Name of Limited Liability Company |
| |
| The enclosed Articles of Amendment and fee(s) are submitted for filling. |
| Please return all correspondence concerning this matter to the following: |
| HANNAH WICKINS Nume of Person |
| DCG ACTIVITY WORLD GROUP-FL, UC |
| 9899 CORONDO LAICE OR. |
| BOYNTON BEACH, FL 33437 City/State and Zip Code |
| HANNAH @ DAWAFL. COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| HANNAH WICKINS at (561) 704 4071 Name of Person at (561) Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| ▼ \$25.00 Filing Fee |

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

| Name of the Limited Liability Companies (A Florida Limited | PLU GLOUP FL, LLC pany as it now appears on our records.) ILiability Company) |
|--|---|
| The Articles of Organization for this Limited Liability Compan | by were filed on 1/24/7018 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | bility company here: |
| The new name must be distinguishable and contain the words "Limited Lial | bility Company," the designation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | office address on our records, enter the pame of the new ere: |
| Name of New Registered Agent: | (A) |
| New Registered Office Address: | Enter Florida street address Florida |
| · | 70 C 95 |

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 | FRED TOCCHIO | 5340 NW 2ND AVE # | <u>30</u> □ Add |
| | | BOCA RATION, FL 331 | 487 ⊠ Remove |
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| (If an effe Note: | ve date, if other than the date of filing: 315508 (optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| the reco | ord 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 _ | May 15 2018 |
| | (NO(k,k)) = (NO(|
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00