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COVER LETTER

fO: Registration Division of	Corporations			
NIDIECT.	SOUTH	ORLANG	DO DOG TRAI	NING, LLC
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed Article	s of Amendment	and fee(s) are subn	nitted for filing.	
Please return all corr	espondence conce	erning this matter t	o the following:	
		10	DD CAMPBEL	-L
	 		Name of Person	
			Firm/Company	
		2727	MINT DR.	
		OR TODD	City/State and Zip Code City/State and Zip Code C DOG TRAINING to be used for future annual report no	32837 GORLANDO, COM
For further informat	ion concerning th	is matter, please ca	all:	
JOD!	me of Person	m PBELL	at (407) 234 Arca Code Dayti	rme Telephone Number
110	ane or retain			·
Enclosed is a check	for the following	amount:		
立 \$25.00 Filing F	ee 🔲 \$30.00 Certi) Filing Fee & ficate 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH OKLANDO	DOG TRA	INING LLC
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears of ited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Comp.	Dany were filed on	$\frac{5/07/2018}{2018}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here	;
ORLANDO DOG The new name must be distinguishable and contain the words "Limited I	TRAINING	-, LLC
The new name must be distinguishable and contain the words "Limited I	Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	••	***
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	2022 TA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AUG EI ANIO: 32 RETARY OF STATE LLAHASSEE, FL
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our reco	ords, <u>enter the name of the new registere</u>
Name of New Registered Agent:	<u>-</u> .	
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 I	Registered Agent	t. 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
			□Add
			□ Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			DAdd
			□ Remove

Typed or printed name of signee