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| . (Requestor's Name) |
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| (Address) |
| (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: |
| (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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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|---------------|------------------------------------|--|---|---|
| SHRI | SAVVY DO | OG TRAINING ACADEMY, | LLC. | |
| 30 D 3 | | Name of Lim | ited Liability Company | |
| The e | nclosed Articles of | Amendment and fec(s) are sub | mitted for filing. | |
| Please | e return all correspo | ondence concerning this matter | to the following: | |
| | | | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | | Address | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For fu | urther information c | oncerning this matter, please ca | all: | |
| | Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclo | osed is a check for th | 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

| SAVVY DOG TRAINING ACADEMY, LL | | | |
|--|--|------------------------------------|--------------|
| (Name of the Limited Liabili (A Florid | ity Company as it now appears a Limited Liability Company) | on our <u>records.</u>) | |
| The Articles of Organization for this Limited Liability C | Company were filed on $\frac{05/3}{2}$ | 1/2018 an | d assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | ited liability company her | <u>e</u> : | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the des | ignation "LLC" or the abbreviation | on "L.L.C." |
| Enter new principal offices address, if applicable: | - | | id |
| (Principal office address MUST BE A STREET ADDI | RESS) | · | SE ISIGN |
| | | | 70 47 |
| Enter new mailing address, if applicable: | | | CHRESOLATI |
| (Mailing address MAY BE A POST OFFICE BOX) | | | ون ن |
| Studing dadress SIAT BE A TOST OFFICE BOAY | | | P 9 |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | our records, enter the na | ıme of the n |
| Name of New Registered Agent: | | · | |
| New Registered Office Address: | | 100 A | |
| | " Enter Florid | a 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> | <u>Address</u> | Type of Action |
|--------------|---------------------|---|----------------|
| AMBR | Margaret L. Derksen | 573 Hunters Grove Ct., Orange Park, FL 32073 | Add |
| • | | | Remove |
| | | ··· - | ☐ Change |
| AMBR | Brian J. Derksen | 573 Hunters Grove Ct., Orange Park, FL 32073 | Add |
| | | | Remove |
| | | | ☐ Change |
| | + | | Add |
| | | | Remove |
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| <u>ote:</u> If | date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more the date inserted in this block does not meet the applicable statutory filing ret's effective date on the Department of State's records. | (optional) than 90 days after filing.) Pursuant to 605.02 quirements, this date will not be listed a | 97 (3 as th |
| | rd specifies a delayed effective date, but not an effective time Oth day after the record is filed. | e, at 12:01 a.m. on the earlier | of: |
| SI | PTEMBER 6TH | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00