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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(223.110.10)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

то:	Registration Sec Division of Corp		•					
	Ignite Dog	Training LLC						
SUBJECT:Name of Limited Liability Company								
The e	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.					
Please	e return all correspon	ndence concerning this matter	to the following:					
		Britani Campbell						
		Ignite Dog Training LLC	Name of Person	 				
		333 SF Martin Ave 5-7	Firm/Company					
		Stuart, Florida 34996	Address					
			City/State and Zip Code					
		E-mail address: (to be used for future annual report notifi	cation)				
For fu	irther information co	oncerning this matter, please ca	all;					
Brita	mi Campbell		561 6033750					
	Name of	Person	at () Area Code Daytime	Telephone Number				
Enclo	sed is a check for th	e following amount:						
■ \$2	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
Tallahussee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Ignite Dog Training LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	wars on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Torida document number	12/04/2019 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	19 11:19
	12
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here: Name of New Registered Agent:	on our records, enter the name of the r
No. Design and Office Address.	
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 Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Britani Campbell	333 SE Martin Ave 5-7, Stuart, FL 34996	
			☐ Remove
		Change title from MGR to AMBR	☐ Change
AMBR	Brandon Getty	333 SE Martin Ave 5-7, Stuart, 11, 34996	Add
			□ Remove
		Add as AMBR	
			Sin Change
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	06/08/2019	蓋蓋	9	_	
E. Effect	ive date, if other than the date of filing:(option	iran E	1		
<u>Note:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.	filing.) Pw	not be	605.0207 listed as	(3)(b) the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	.m. on	the ea	ılier of	: <u>;</u>
	June 8th 2019				
Dated					
	Bignature of a member of authorized representative of a member			_	
	Britani Campbell				
	Typed or printed name of signee			-	

Page 3 of 3

Filing Fee: \$25.00