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C. GOLDEN APR - 8 2019

## **COVER LETTER**

TO:		ition Section of Corpor			,	
C	300	V DOGS, I				
SUBJEC	J1;		Name of Limi	ited Liability Company		
The encl	osed Art	icles of An	nendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all c	corresponde	ence concerning this matter	to the following:		
			Galina Urman			
				Name of Person		
			Urman Law Group, PA	•		
				Firm/Company		
			1800 S Ocean Drive #3108	3		
				Address		
			Hallandale Beach, FL 3300	09		
				City/State and Zip Code		
			galina@urmanlawgroup.com	m to be used for future annual repo		
For furth	ner inforn	nation conc	terning this matter, please ca		a normeation)	
Galina l	Salina Urman 248 2141185 at ()					
		Name of Po	erson	Area Code L	Daytime Telephone Number	
Enclosed	l is a che	ck for the f	ollowing amount:			
<b>a</b> \$25.	00 Filing	Fec	□ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	) Certified	te of Status &

MAILING ADDRESS:

TO:

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

FILED

LNV DOGS, LLC

2019 APR - 1 PM 3: 30

(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  $\frac{3/15/2019}{1}$ and assigned Florida document number L19000074194 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LVN DOGS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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>	Name	Address	Type of Action		
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			☐ Remove		
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	ist be specific and cannot be pri- lock does not meet the appl	or to date of filing or more than icable statutory filing requi	(optional) 90 days after filing.) Pursuant to 605.0207 (3 rements, this date will not be listed as the
the record specifies a delaye ) The 90th day after the rec		ot an effective time, a	at 12:01 a.m. on the earlier of:
Dated March 26	. 2019	·	
		Urman thorized representative of a me	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00