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S. CHATHAM

OCT - 7 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Deg walker Parch L'LC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nicklas J Pritchard
Dog Walker Ranch Firm/Company
17150 N US Huy 441
Ocala FI 34475 City/State and Zip Code
Dog Malkerran (h. Comen). Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (352) 875-78659 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee S4 Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (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

OCUMENTALISMENT (A Florida	Company as it now appears	on our records.)	
The Articles of Organization for this Limited Liability Co		4519	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the de	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our re	ecords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
	,		
	City	, Florida	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>	Address	Type of Action
<u>m.G.B.</u> hairmen	Bichard Starkes	12150 N US Hury	□Add
nan mer		441. Ocula, Fl	Remove
		34475	□Change
MER	Ayla Tillander	12150 N. USHWY441	XIAdd
		Ocala, F1 34475	Remove
			Change
			□Remove
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			□Add
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			□Add
			□Remove
			□Change

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lf an effect Note: - If	e date, if other than the date of filing:
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	7/1/22
	Alguature of a member of authorized representative of a member
	Nickland Typed or printed name of signee