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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor		·	
enn ir		REHABILITATION AQUATION	C THERAPY EXERCISE & P	
SUBJEC	ul:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Sean K Erhardt		
			Name of Person	
		CANINE REHABILITAT LLC.	ION AQUATIC THERAPY EXER	CISE & PLAY
			Firm/Company	······································
		806 Woods Landing Dr.		
			Address	
		Minneola, FL 34715		
			City/State and Zip Code	
		CRATEandPlay@outlook.c		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please co	all:	
Sean K	Erhardt		407 955-1261 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	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

CANINE REHABILITATION AQUATIC THERAPY EXERCISE & PLAY LLC. (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 $\frac{9/5/2019}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

.. Florida __

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
MGR	Cheryl D Erhardt	806 Woods Landing Dr. Minneola. FL 34715	= Add
			□ Remove
			Change
			□ Remove
			Change
			D Add
			☐ Remove
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Note: If the date	f other than the da s listed, the date must be inserted in this block tive date on the Depa	does not meet the ap	prior to date of filing	or more than 90 days affiling requirements, the	tional) ter filing.) Pursuant to 605. his date will not be liste	.0207 (:d as t
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	ifies a delayed e y after the record		t not an effect	ve time, at 12:01	a.m. on the earlie	er of:
Dated November	. 11	. 2019	,			
			Chardt			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00