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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations	
	Watch The	Tail Dog Training LLC	•
SUBJECT:		Name of Limi	ted Liability Company
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.
Please return	all correspo	ndence concerning this matter	to the following:
		Richard Ahrens	
			Name of Person
Watch The Tail Dog Training LLC			ning LLC
Firm/Company		Firm/Company	
		15867 SW 13th Circle	
			Address
		Ocala, FL. 34473	
			City/State and Zip Code
		watchthetail@outlook.com	
		·	to be used for future annual report notification)
For further is	nformation c	oncerning this matter, please ca	all:
Richard Ah	irens		352 355-5359 at ()
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	ne following amount:	
≡ \$25.00 l	Filing Fec	☐ \$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)
	iling Addres		Street Address: Registration Section
	gistration S vision of C	orporations	Division of Corporations
	D. Box 632		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

vvatch the Tall LLC		
(Name of the Limited Liability Company a (A Florida Limited Liab	s it now appears on our records.) lity Company)	
the Articles of Organization for this Limited Liability Company wellorida document number L20000098273	re filed on 04/07/2020 and assig	ned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
Vatch The Tail Dog Training LLC		
ne new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.	C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
_		
	7	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	22 1	
	A	
-	\$ B U	 ;
. If amending the registered agent and/or registered office add	ress on our records, enter the name of the new	regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
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 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	Denise Ahrens	15867 SW 13th Circle, Ocala, FL. 34473	≅ Add
			□ Remove
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	Number 85-0690373
	<u> </u>
	date, if other than the date of filing:
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	's effective date on the Department of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
ted	<u>4/18/ 2020.</u>
	Ma de Maria
	1/18/ 2020. Rescuse Ahrens Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Denise Ahrens
	Typed or printed name of signes

Filing Fee: \$25.00