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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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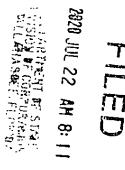
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COVER LETTER

TO:	Registration Ser Division of Cor			
CUBICA		MITED LLC	5	
SUBJEC	LI:	Name of Lim	ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		RODNEY S WHITE CPA		
			Name of Person	
		RODNEY S WHITE CPA		
			Firm/Company	
		4650 LIPSCOMB ST NE.	SUITE 20	
		Articles of Amendment and fee(s) are submitted for filing. ### RODNEY S WHITE CPA Name of Person		
		PALM BAY, FL 32905		
			City/State and Zip Code	-
		. *		_
For furth	ner information c			
Rodney	S White CPA			
	Name of	f Person	Area Code Daytime Telephor	ne Number
Enclosed	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassec, I	Section forporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLG UNLIMITED, 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 $\frac{04/14/2020}{1}$ Florida document number 1.2000013345 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PAWS ACADEMY DOG TRAINING, 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 City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
		-	□Add
			Remove
			☐Change
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(If an cl Note:	ctive date, if other effective date is listed, the first the date inserted ment's effective date	ne date must be speci Lin this block does	tic and cannot be pri- inot meet the appl	icable statutory fili	(option of the control of the contro	onal) tiling.) Pursuant to 605.0207 (date will not be listed as th
the reco		ed effective date, b	ut not an effective	time, at 12:01 a.m	on the earlier of: (b'	The 90th day after the
Dated	d		2020	·		
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	Xpri	Signature	e of a member or au	horized representativ	e of a member	

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