## 12100008486

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





100362529131

21 MAR 26 AH In 05



SE SHEKES.

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/26/2021		**WALK IN**
ENTITY NAME LOVE RE	ESCUE K9 TRAINING LLC	12 - 14
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxx	Plain Copy Certified Copy	PROFEE DE
	Certificate of Status	
**P{	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments	
	Certificate of Good Standing	·. · .
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		_
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at th	e above number for any issues or concerns. Thank you so	much!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Love Rescue K9 Training LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	iny were filed on 02-19-2021	and assigned
Florida document number 1.21000085486		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Give A Sit K9 Training LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		160 gray 1700 to
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, <u>.</u>
		20
B. If amending the registered agent and/or registered	office address on our records, ent	er the name of the nev
registered agent and/or the new registered office address h	ere:	THE T
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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Add
			Remove
			□ Add
		<del></del>	□ Remove
			☐ Change
			□ Add
		□ Remove	
		1	☐ Change
			□ Add
			□ Remove
			□ Change

			· ·	
		<del>.</del>		
- Patrice		<del>-</del>		
<u></u>				
		-		
<del></del>				<del></del>
E. Effective date, if other than the constitution of the constitut	ick does not meet the applic	able statutory filing requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	605.0207 (3) listed as the
f the record specifies a delayed b) The 90th day after the reco	effective date, but no rd is filed.	t an effective time,	at 12:01 a.m. on the ea	arlier of:
	2021			
Dated	,	<u> </u>		
Dated 03-25  /s/ Erica Ryan Kr				
	CENZEY Signature of a member or author		ember	-

Page 3 of 3

Filing Fee: \$25.00