

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500427380915

04/16/24--01007--009 \*\*25.00

THE STATE OF THE PARTY.

FILED

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Papa + K	9 Ingining; LLC  Limited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Antho	Name of Person
Papa	T Kg Training Firm/Company
8300	12574 PL W Address
Larg	City/State and Zip Code
Papa E-mail addres	g + K 9 @ Vahoo . Com s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Anthony LoAusso	at (727 366 80 38
Enclosed is a check for the following amount:	
№ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address: Pagistration Section
Registration Section Division of Corporations	Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

	FILED.
PAPAT K9	TRAINING TONGILLO
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)
(A Florida Limited L	iability Company)
	14/8/57
The Articles of Organization for this Limited Liability Company	· • · · · · · · · · · · · · · · · · · ·
Florida document number <u>L 2/000 48/. 78</u>	87
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
MUDDY PAWS	KIG I KAIN LNOS
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
ū	
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	W/S
Enter new mailing address, if applicable:	W/A
•••	
Mailing address MAY BE A POST OFFICE BOX)	<del></del>
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
igent and/or the new registered office address here:	
Name of New Registered Agent:	<u> </u>
Now Projectored Office Address:	
New Registered Office Address:	Enter Floridà 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 = AMBR =	Manager Authorized Member		Λ
<u>Title</u>	Name	Address	Type of Action
			/ □Add
			Remove
			□Change
			/ □Add
			□Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			E.C.

## Page 2 of 3

Company	- / a // C		
			<u> </u>
<del></del> -			
		<u> </u>	
	_		
			<del></del>
- 12 11			
	<del></del>	·-····	
	<del></del>		
f other than the date of filing:		(ontio	nal)
	annot be prior to date of fil		
		ory filing requirements, this	date will not be listed a
live date on the Department of Sta	te's records.		
	te, but not an effe	ctive time, at 12:01 a.	m. on the earlier o
y after the record is filed.			
,			
201 09	2024		
, , , , , , , , , , , , , , , , , , , ,			
////	-0///	31-	
Signature of a me	ember or authorized repres	sentative of a member	
	·	<i>a</i>	
a other	. 1 stat	10550	
	inserted in this block does not me tive date on the Department of Statesifies a delayed effective day after the record is filed.	s listed, the date must be specific and cannot be prior to date of fil inserted in this block does not meet the applicable statute tive date on the Department of State's records.  cifies a delayed effective date, but not an effect y after the record is filed.	s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filinscrited in this block does not meet the applicable statutory filing requirements, this of tive date on the Department of State's records.  Eiffies a delayed effective date, but not an effective time, at 12:01 a. y after the record is filed.