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COVER LETTER

TO: Registration Section

Division of Corp	orations	۲,	
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SUBJECT: Hiddel	n Gem Kg Train Name of Lin	MAG LLC	
	Mane of Lin	ated Labitity Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
rease recarring correspon	dence concerning this matter	to the following.	
	Ashley Arc	Name of Person	
	· ·	Name of Person	
	i 1 ' 1)	Vol	<i>i</i>
	Hidden Gem	K9 Training LL	
		Firm/Company •	≥:
	2059 / LI	all Dalla Dhilla	2023 OCT
	11 VOOU I CERT	-Yoaks Drive	
		Address	18
	Fall Music	Flot-10 3394	/ ~
	For Myers	Flotida 3396 City/State and Zip Code	2 / PX
		•	<u></u>
	E-mail address: (72309mail.com	ication)
5 6 1 1 6			,
For further information co	ncerning this matter, please c	all:	
Acidair A	1 1	277 778	1,157
HShiey Hr	Porcon	at (231) 738 - 738 - Daytime	- 1936
Name of	repon	Mea Code Daytine	e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	,	There and the control of	a deconstant
□ \$25.00 rining rec	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Address		Street Address:	
Registration S		Registration Sec	
Division of Co P.O. Box 6327	•	Division of Corp The Centre of T	
Tallahassee F			ananassee - Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Hidden Gen Ka Tra	AINING L Liability Compa Florida Limited I	ny as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liab	ility Company			and ass	igned
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	ie limited liab	ility company here:			
Dynamic Kg Training LLC The new name must be distinguishable and contain the word					
The new name must be distinguishable and coldiain the word	ls "Limited Liabil	lity Company," the design	nation "LLC" or the abl	breviation "L.	L.C."
Enter new principal offices address, if applicab	le:	N/A			
Principal office address MUST BE A STREET	ADDRESS)				
				2023	<u> </u>
Enter new mailing address, if applicable:		NIA		23 OCT	AL SYKE IN
Mailing address MAY BE A POST OFFICE BO	DX)			8	R. S.
7	_			70	200 100 100 100 100 100 100 100 100 100
B. If amending the registered agent and/or regi		address on our recor	ds, enter the nam	e of the Rew	v registere
Name of New Registered Agent:	NIA	<u></u>			
New Registered Office Address:	N/A				
		Enter Florida s	treet address		
			Florida		
		City		Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	NIA		□ Add
			□Remove
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