

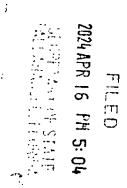
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;





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## **COVER LETTER**

TO: Registration Section Division of Corpora	n ations		
SUBJECT: HACHO	CAMACHO'S DOG	TRAINING LLC	
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of Am			
Please return all corresponde	nce concerning this matter to	the following:	
	Hartin Ca	Name of Person  Clip 15 Do Frachits  Firm/Company	
	Mayw Cama	Cho's Dortraining Firm/Company	, LLC
	2904 Curtis	Ave. South Address	
	Lehigh Acres	FL 33976 City/State and Zip Code	<del></del>
	mt. macho	O Gahoo · Com o be used for future annual report notif	ication)
For further information con	cerning this matter, please ca		
44.1.		129 447 - 71	2/2/
Martin Can Name of P		Area Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Clability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
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 amonding the registered agent and/or registered office	address on our records, enter the name of the new registered
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	201 p.m.
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	Melissa Flores	2904 Curtis the South	□Add
		2904 Curtis the South Lehigh Acres, FZ 33976	Remove
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ffective date, if an effective date is	other than the da listed, the date must be inserted in this block ive date on the Depa	c does not mee	t the applicable	late of filing or more statutory filing	c than 90 days aft requirements, th	<b>tional)</b> er filing.) Pursuar nis date will not	nt to 605.0207 be listed as
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iote: If the date in ocument's effection record specifies a list filed.	a delayed effective d  L Q 7  Sig					(b) The 90th d	ay after the

Filing Fee: \$25.00