

L09000052658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

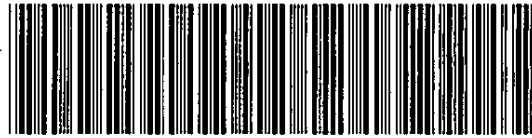
(Business Entity Name)

(Document Number)

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08/24/09--01047--004 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 14 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2009

DONNA R. DAIGLE
K9PERCEPTIONS, LLC
3012 EAGLE POINT RD.
MIDDLEBURG, FL 32068

SUBJECT: K9PERCEPTIONS, LLC
Ref. Number: L09000052658

We have received your document for K9PERCEPTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00028753

*copies
enclosed
w/
originals.*

*please call me if we need
to do anything else. (This is the
first time we've done this.)
Thank you so much.
Donna Daigle (904) 213-3720
WK. #*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K9PERCEPTIONS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNA R. DAIGLE

Name of Person

K9PERCEPTIONS, LLC

Firm/Company

3012 EAGLE POINT ROAD

Address

MIDDLEBURG, FL 32068

City/State and Zip Code

CALEBFRISBEE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA R. DAIGLE

Name of Person

at (904)

334-3862

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K9PERCEPTIONS, 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 6-1-09 and assigned
Florida document number L09000052658.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

K9PERCEPTIONS, LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

2976 BLACK CREEK DR.

ATTN: CALEB D. FRISBEE

MIDDLEBURG, FL. 33068

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:

CALEB D. FRISBEE

New Registered Office Address:

2976 BLACK CREEK DR.

Enter Florida street address

MIDDLEBURG

Florida

32068

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 608, 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.

Caleb D. Frisbee
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DONNA R DAIGLE		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	JAMES MARTIN ROBBINS		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CALEB D. FRISBEE 100% OWNERSHIP RIGHTS, AUTHORIZED AGT.

CHANGE EIN #27-0265253

Dated 8/17/09

Caleb Frisbee
Signature of a member or authorized representative of a member

Caleb Frisbee
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

WRITTEN CONSENT TO ACTION WITHOUT MEETING

Name of LLC: K9 Perceptions, LLC

The undersigned hereby consent(s) as follows:

James Martin Robbins and
Donna R. Daigle resign
from K9 Perceptions, LLC
and all interest in the
LLC for legal and tax
purposes are transferred
to Caleb D. Frisbee, him owning
100% of all entities of the LLC.

Dated: 8-17-09

Signature

Printed Name

[Signature]
James M. Robbins
Caleb D. Frisbee

Donna R. Daigle
James M. Robbins
Caleb D. Frisbee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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An Intuit Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resolution to LLC

WHEREAS it is understood and agreed by Caleb D. Frisbee, the undersigned, that James Martin Robbins and Donna R. Daigle in his/her capacity as partial owners of K9Perceptions, LLC located in Clay County, Florida, have hereby resigned of any and all interest from the LLC and Caleb D. Frisbee hereby understands and agrees that he is responsible for and receives all liability for banking, taxes, website, domain name, record keeping and any and all other responsibilities contained in the Articles of Incorporation of K9Perceptions, LLC effective immediately.

RESOLVED, that effective immediately, James Martin Robbins and Donna R. Daigle have resigned from all interest and all capacities of K9Perceptions, LLC.

The undersigned hereby certifies that he is the duly elected and qualified Secretary and the custodian of the books and records and seal of K9Perceptions, LLC, a corporation duly formed pursuant to the laws of the state of Florida, and that the foregoing is a true record of a resolution duly adopted at a meeting of K9Perceptions, LLC, and that said meeting was held in accordance with state law and the Bylaws of the above-named Corporation on 08-17-09, and that said resolution is now in full force and effect without modification or rescission.

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this 17th day of August, 2009.



Caleb D. Frisbee, Registered Agent/Owner