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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	1~~

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## **COVER LETTER**

то:	Registration Se Division of Cor		بد خ	
CUBICA		9 North LLC		
SUBJEC	-1: <u></u> _	Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Elena Beplay		
			Name of Person	
		Coastline K9 North LLC		
			Firm/Company	
		819 Navy St		
		<u> </u>	Address	
		Fort Walton Beach FL		
			City/State and Zip Code	
		info@btsk9.com  E-mail address: (	to be used for future annual report notific	ation)
For furth	er information c	oncerning this matter, please of	all:	
Elena Be	eplay		850 428-0121	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>\$25.</b> 0	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 Addres Registration S		Street Address: Registration Sect	ion .

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

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **COVER LETTER**

TO: Registration Solivision of Co								
	(9 North LLC							
SUBJECT:	Name of Lim	ited Liability Company	-					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspondent	ondence concerning this matter	to the following:						
	Elena Beplay							
	<u> </u>	Name of Person	. <u></u>					
		Firm/Company						
	819 Navy St							
		Address						
	Fort Walton Beach FL 325	347						
		City/State and Zip Code						
	info@btsk9.com  E-mail address: (to be used for future annual report notification)							
			(onneacon)					
For further information	concerning this matter, please c	atti:						
Elena Beplay		850 4280121						
Name (	of Person	at () Area Code Day	time 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)	☐ \$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 Address: 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

Coastline K9 North LLC		
(Name of the Limited Liability Compa (A Florida Limited l	my as it now appears on our record Liability Company)	<u>v.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 11/17/2020	and assigned
Florida document number L20000364004		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BTS K9 LLC		
he new name must be distinguishable and contain the words "Limited Liabi	hity 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)		202
THE OFFICE BUILTISS TO OFF THE TATE TO THE TENTE TO THE TENTE THE	-	
		~ <del>``</del>
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Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<del></del>
		· N
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	B 0/ 11	
	Enter Florida street addres.	3
		orida
	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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ted	٤	Q & Sign	ature of a mo	ember or au	thorized repr	esentative of	a member	<del></del>	- <del>-</del> -	

. . . . . . .

Filing Fee: \$25.00

Please release the name of the dissolved LLC name of BTS K9 LLC. We desire to change the name of a currently owned LLC to this name and need it released for use.

LLC Name: BTS K9 LLC

Desired date of release: Immediately Document Number: 1.23000334191

Date Organization was Filed: 7/14/23

Owner Information:

Elena Beplay (Signature)

Date

850-428-0121

819 Navy St Fort Walton Beach, FL 32547

THOMAS ALLEN STRAWSER
MY COMMISSION # HH 112564
EXPIRES: April 30, 2025
Bonded Thru Notary Public Unconnition

Notary:

Date

Signature

Notary Public

6000 AM 29 PM 12: 4(