

L23 000 219 702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

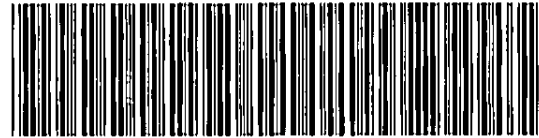
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2023 MAY - 8 AM 10:04
SECRET, FL

2023 MAY - 8 AM 9:52
SECRET, FL

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: ARCANIS K9 LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Krista M Perez
Name of Person

Firm/Company

8116 Wendover Rd
Address

St. Augustine, FL 32092
City/State and Zip Code

rk9athletes@gmail.com
E-mail address (to be used for future annual report notification)

STATE OF FLORIDA
TALLAHASSEE, FL

2023 JUN - 8 AM 10:04

For further information concerning this matter, please call:

Krista M Perez at (805) 844-7522
Name of Person Area Code Daytime 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**

ARCANTIS K9 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on May 3, 2023 and assigned
document number L23000219702.

This amendment is submitted to amend the following:

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

KINETIC K9 LLC

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

If new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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

Attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

UR = Manager

ABR = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
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2023 MAY - 8 AM 10:04
SECURITY - 8 AM 10:04
TALLAHASSEE, FL

2023 MAY -8 AM 10:04
SEC. OF STATE
TALLAHASSEE, FL

2023 MAY -8 AM 10:04
SEC. INV. DATE
TALLAHASSEE, FL

Filing Fee: \$25.00