

# L05000080937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

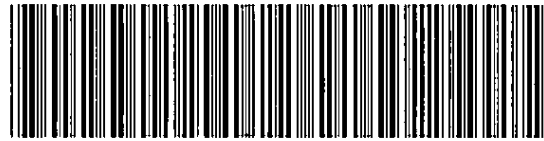
(Document Number)

Certified Copies \_\_\_\_\_

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Office Use Only



400425603064

2024 MAR 11 AM 9:44  
TALLAHASSEE, FLORIDA

FILED

2024 MAR 11 PM 4:44  
TALLAHASSEE, FLORIDA

RECEIVED

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

**PICK UP:** BROOK 3/11

**CERTIFIED COPY**

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LLC AMEND

**1. CHECKIT LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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

**FILED**

CheckIt LLC

2024 MAR 11 AM 9:44

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/16/2005 and assigned  
Florida document number L05000080937.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)**

**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:

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 Changing Registered Agent, Signature of New Registered Agent**

If attending 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Deadra Jordan	485 Mariner Blvd	<input type="checkbox"/> Add
		Spring Hill, FL 34609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Steve Peck	485 Mariner Blvd	<input type="checkbox"/> Add
		Spring Hill, FL 34609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ryan Lucas	485 Mariner Blvd	<input checked="" type="checkbox"/> Add
		Springhill, FL 34609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bruce Anderson	485 Mariner Blvd	<input checked="" type="checkbox"/> Add
		Springhill, FL 34609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christopher Kyte	485 Mariner Blvd	<input checked="" type="checkbox"/> Add
		Springhill, FL 34609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FILED  
2024 MAR 11 AM 9:46  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 04-Mar-2024 | 09:32 GMT

2024

-DocuSigned by:

Signature of a member or authorized representative of a member

Greg Price

Typed or printed name of signee

**Filing Fee: \$25.00**