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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

eun tecer.				
SUBJECT:			ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Jeremy Spuhler		
			Name of Person	
Division of Corporations Kickler Group 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: Jeremy Spuhler				
	Kickler Group LLC Name of Limited Liability Company If Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Jeremy Spuhler Name of Person Kickler Group Firm/Company 10460 Roosevelt Blvd Address FL St. Petersburg FL 33716 City/State and Zip Code jspuhler@kicklergroup.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: uhler Name of Person Area Code Daytime Telephone Number a check for the following amount: Filing Fee S30.00 Filing Fee S55.00 Filing Fee Certificate of Status Certificate Opy Certificate of Status Certificate Opy Certificate of Status Certificate Opy Certificate of Status Certificate of Status San Certificate Of Stat			
		Name of Limited Liability Company riticles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: Jeremy Spuhler		
		FL St. Petersburg FL 33	716	
			City/State and Zip Code	
	Division of Corporations Kickler Group LLC T: Name of Limited Liability Company Division of Amendment and fee(s) are submitted for filing. Sturn all correspondence concerning this matter to the following: Jeremy Spuhler Name of Person Kickler Group Firm/Company 10460 Roosevelt Blvd Address FL St. Petersburg FL 33716 City/State and Zip Code jspuhler@kicklergroup.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Spuhler Name of Person Termination Concerning this matter, please call: Spuhler Spuhler Area Code Daytime Telephone Number Terrificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status	cation)		
For further in	nformation co	ncerning this matter, please ca	all:	
Jeremy Spi	uhler			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

Kickler Group	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number L09000060778	pany were filed on 06/22/2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u>(S)</u>
	SE VISE
	AY AK
Enter new mailing address, if applicable:	CF CF CF
(Mailing address MAY BE A POST OFFICE BOX)	Ref.
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	9 OF
B. If amending the registered agent and/or registers	ed office address on our records, enter the name of the ne
registered agent and/or the new registered office address	
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 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>	<u>Address</u>	Type of Action
Mr.	Robert Tate	10460 Roosevelt Blvd. St. Peter:	Add
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ffect	ive date, if other than the date of filing:	
an eff lote:	ective 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 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisent's effective date on the Department of State's records.	05.0207 (3)(b) sted as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	ier of:
	5 - 21 - 2018	
ated	5-21-2018	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee