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COVER LETTER

TO: Registration Se Division of Cor				
Kick Some	Mass LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ruth Arlenc Ruterbusch			
		Name of Person		
	Kick Some Mass, LLC			
		Firm/Company		
	316 Parkridge Avenue			
		Address		
	Orange Park, FL 32065			
		City/State and Zip C	ode	
	ruthruterbusch@gmail.com	Į.		
		to be used for future and	ual report notif	ication)
For further information e	oncerning this matter, please co	aii:		
Ruth A. Ruterbusch		904 at ()	589-0750	
Name o	f Person	Area Code	Daytimo	: Telephone Number
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy i	y \	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:		STR	 EET/COURI	ER ADDRESS:
Registr Divisio		stration Sectionsion of Corpora		
P.O. B	on of Corporations ox 6327	Clifto	on Building	
Tallaha	assee, FL 32314		Executive Central Report	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Kick Some Mass LLC	ì		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on ou	r records.)	
(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L10000109243	were filed or.	10/20/20/0 and as	signed
Torida document namoci			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "l	L.C."
Enter new principal offices address, if applicable:	316 Parkridge Avenue		SE
(Principal office address MUST BE A STREET ADDRESS)	Orange Park, FL 32065	A A	CRET
			ARY OF STA
		3	
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		22	RATE.
		····	
B. If amending the registered agent and/or registered o	ffice address on our i	racards antar the name	of the n
registered agent and/or the new registered office address her		eccords, enter the hame	or the m
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et 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, hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:						
MGR = M AMBR = A	lanager Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	Ruth Arlene Ruterbusch	1839 Moorings Circle Middleburg.	Add			
			■ Remove			
			☐ Change			
			□ Remove			
			Change			
			Add			
			□ Remove			
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Jeffrey Allyn Ruterb	usch will own 10	00% of Kick Sc	ome Mass, LL	C 			
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	Signatui	re of a member of	r authorized rep	resentative of a	member	<u> </u>	
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Filing Fee: \$25.00