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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Philip gave permossion to add title 8/26/2016

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SECRETARY OF STATE
SECRETARY OF STATE
ANASSEE, FLORIDA

Storale on

COVER LETTER

Division of Cor	porations				
SUBJECT: JUS	T Kickin Ba	ck, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Philip (Name of Person			
	JUST KIC	Kin Back Firm/Company			
	615 61	St St NW Address		-	
	Bradenton	FI 34204 City/State and Zip Code		SECT TALL	
	Capt, punt	coto be used for future annual report noti	fication)	AUG 25 RETARY ANASSE	FILE
For further information co	oncerning this matter, please ca	9	•	OF STA	
Philip L Name of	Jatson Person	at (904) 894 Area Code Daytime	-5381 e Telephone Number	夏司ニ	
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

JUST KICKIN	Back
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{4/21/2014}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ress Bradenton, Fl 34209
(Principal office address MUST BE A STREET ADDI	RESS) Bradenton, Fl 34209
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Bradenton, FT 34AAAA
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the new lress here:
Name of New Registered Agent:	Philip Lintron
New Registered Office Address:	615 61st St NW
Ba	Enter Florida street address Rdenton City Florida 34209 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.

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
(UDAW)	Dale Roznowski	15/28 Centrala Rd	
		Brooksville, FT 34614	■ Remove
			☐ Change
Mgrm	Leta Roznowski	15/23 Centrella (d	D Add
		Brooksville, Fl 34614	Remove
			Change
Mgr	Philip Watson	615 61st ST NW	
		Bradenton, F1 34209	Remove
			Change
			□ Add
		ALLA ALLA ALLA ALLA ALLA ALLA ALLA ALL	CC Demove
		Haser Haser	SECRITOR 2 Change
			E C
			Remove
			Change
			Add
		•	Remove

_□ Change

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	051 72
	DA I
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fili	(optional)
e: If the date inserted in this block does not meet the applicable statutor	ry filing requirements, this date will not be listed
ament's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effec ne 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
dad a d	
d + 14-Aug, 16, 2016.	
While last	
Signature of a member or authorized represe	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00