## L15000162613

Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor				
CHID IE	Tuckered K				
SUBJE	СТ:		ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Christine Forstner			
	Name of Person				
		Tuckered Kid LLC			
Firm/Company					
	907 Chesapeake Trl				
			Address		
		Cantonment, FL 32533			
			City/State and Zip Code		
		tuckeredkid@gmail.com			
SUBJECT The enclose Please return For further Tracy For Enclosed in		E-mail address: (	to be used for future annual report notifi	cation)	
For furth	her information c	oncerning this matter, please ca	all:		
Tracy F	orstner		850 607-4774 at ()		
	Name o	f Person		Telephone Number	
Enclose	d is a check for th	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

1217-

2015 DEC 18 PM 2: 21

SCORETARY OF STATE TALLAHASSEE, FLORIDA Tuckered Kid LLC

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

The Articles of Organization for this Limited Liability Com	npany were filed on 9/24/2015	and assigned
Florida document number L15000162613		
This amendment is submitted to amend the following:		
his amendment is submitted to amend the following:  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."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter 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		
Florida document number L15000162613  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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new malling 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		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address if anniicable		
• • • • • • • • • • • • • • • • • • • •		
Induing quaress may be a rost office boay	- · · · · · · · · · · · · · · · · · · ·	
		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del>,</del>
	. Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	

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>	Address	Type of Action
AMBR	Tracy Forstner	907 Chesapeake Trl	<b>A</b> dd
		Cantonment, FL 32533	Remove
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			Add
			□ Remove
			☐ Change
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Effective date, if other than	ı the date of filing:	(optional)	
Note: If the date inserted in t	e must be specific and cannot be prior to date of filing nis block does not meet the applicable statutory		
document's effective date on	the Department of State's records.		
the record specifies a del ) The 90th day after the	ayed effective date, but not an effective record is filed.	ve time, at 12:01 a.m. on the ear	lier of:
Dec. 1st	2015		
Chr	ustino Forther		
		ative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00