4/28/22, 12:05 PM

Division of Corporations



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MICHELLE MASHBURN LLC

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| Divi | sion of Corp | tion • orations | | |
|----------------|----------------|--|--|---|
| SUBJECT: | MICHELLE | MASHBURN LLC | <u>,,,</u> | |
| | | Name of Limit | ted Liability Company | |
| The enclosed | Articles of A | Amendment and fee(s) are subn | nitted for filing. | |
| Please return | all correspor | idence concerning this matter t | to the following: | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | |
| | | Legalzoom.com, Inc. | | |
| | | | Firm/Company | |
| | | 101 N Brand Blvd 11th Fl | | |
| | | | Address | |
| | | Glendale, CA 91203 | | |
| | | | City/State and Zip Code | |
| | | mlogan1025@aol.com E-mail address: (i | to be used for future annual report notifi | cution) |
| For further in | nformation co | oncerning this matter, please ca | all: | |
| Cheyenne M | loscley | | 800 773-0888 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a | a check for th | e following amount: | | |
| SZ \$25.00 F | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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/COURTER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MICHELLE MASHBURN LLC | |
|---|--|
| (Name of the Limited Liability Company as it now app (A Florida Limited Liability Company | <u>pears on our records.</u>) ny) |
| The Articles of Organization for this Limited Liability Company were filed on Florida document number 1.15000185603 | 11/02/2015 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company | y here: |
| Girls Kick Ass LLC | |
| The new name must be distinguishable and contain the words "Limited Liability Company," t | the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 202 |
| (Principal office address MUST BE A STREET ADDRESS) | 2 AD FE |
| Enter new mailing address, if applicable: | 2 B |
| (Mailing address MAY BE A POST OFFICE BOX) | 8: 0: 8: |
| B. If amending the registered agent and/or registered office address | s on our records, enter the name of the nev |
| registered agent and/or the new registered office address here: | |
| registered agent and/or the new registered office address here: Name of New Registered Agent: | |
| Name of New Registered Agent: New Registered Office Address: | r Flonda street address |
| Name of New Registered Agent: New Registered Office Address: | r Florida street address, Florida Zip Code |

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

To: +18506176383

MGR = Manager

LegalZoom.com, Inc.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2022-04-28 10:08:35 PDT

| AMBR = A | AMBR = Authorized Member | | | |
|--------------|--------------------------|--|----------------|--|
| <u>Title</u> | Name | Address | Type of Action | |
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| D. If am | ending any | other information, en | iter change(s) here: (Attach additi | onal sheets, if necessary.) | |
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| (If an e Note | effective date is if the date | other than the date of listed, the date must be specinserted in this block doc ive date on the Department | cific and cannot be prior to date of filing or es not meet the applicable statutory fili | (optional) more than 90 days after filing.) Pursuar ing requirements, this date will not | nt to 605,0207 (3)(b) be listed as the |
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| | | Signate | ure of a member or anthonized representati | ve of a member | |
| | Miche | lle Mashburn | | | |
| | | | Typed or printed name of signee | | |

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