JOD154406

(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: 1/12/18 Suffix vic Josh Scubar Sw

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S. WARREN JAN 12 2018



December 26, 2017

JOSH SCOBEE 7752 COLLINS GROVE ROAD JACKSONVILLE, FL 32256

SUBJECT: WALK ONS SCOBEE, LLC

Ref. Number: L17000154406

We have received your document for WALK ONS SCOBEE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 717A00026074

COVER LETTER

то:		istration Sec sion of Corp				
SHO IP	e'er'.	WALK-ON'	S SCOBEE			
SUBJE	l, I:		Nume of Limi	ted Liability Company		
			intendment and fee(s) are sub-	•		
			Josh Scobce			
				Name of Person		
			WALK-ON'S SCOBEE			
				Firm/Company		
			7752 Collins Grove Road			
				Address		
			Jacksonville, FL 32256			
			Lateclikicker@yahoo.com	City/State and Zip Code		
				o be used for future annual re	eport notificatio	on)
For furth	her in	formation co	ncerning this matter, please ca	ill:		
Josh Sc	obce		904 200-6454 at ()			
		Name of	Person	Area Code	Daytime Tele	phone Number
Enclosed	d is a	check for the	following amount:			
■ \$25 .	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is encle		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy (s enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2664 Executive Center Circle
Tallahassee, FL 32301

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

WALK-ON'S SCOBEE		
(Name of the Limit)	ed Liability Company as it now appears on our records (A Florida Limited Liability Company)	(پی
The Articles of Organization for this Limited Li	iability Company were filed on July 17, 2017	and assigned
Florida document number 82-2327812		
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of		
SCOBEE KICKS L.L.C.	words "Limited Liability Company," the designation "LLC	
he new name must be distinguishable and comain the w	words "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered o	l/or registered office address on our record office address bere:	s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	22
	t:	lorida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to oct 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 Page 1 of 3

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> Name Address Type of Action _____ D Remove □ Change _____ Change ☐ Change _____ Change _____ D Remove _____ 🗇 Change JAN I PH 2: 58 Page 2 of 3

				
				
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E. Effective date, if other than the (fran effective date is listed, the date image). If the date inserted in this bedocument's effective date on the lift the record specifies a delayer (b). The 90th day after the record	nock does not meet the applicate perartment of State's records. The state of the st	de statutory filing requiren	nents, this date will not	be liste
Dated November 22	2017	<u>.</u> .		
	Clohalin	lu.		
	Signature of a member of acthori	ized representative of a memb	ier <u> </u>	
	Josh S	olora		} JA
	$\bigcirc \bigcirc p_1 \bigcirc \bigcirc c$			
	Typed or printed	name of signee	i i	<u></u>