## 118000053110

(Re	questor's Name)	
(Ad	dress)	
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(/	u. 000)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
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Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
KICK TRA	CK LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	matted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Scott McKenzie		
		Name of Person	
	KICK TRACK LLC		
		Firm/Company	
	2436 N. Federal Highway	#217	
		Address	<del>.</del>
	Lighthouse Point, Florida	33064	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	scottm@kickbackglobal.co E-mail address; (	m to be used for future annual report no	ufication)
For further information c	oncerning this matter, please c	·	
Scott McKenzie		305 680-8224	
Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for the	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 Addres Registration S		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	prporations
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 FFT 24 PH 1:50

KICK TRACK 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 Li Florida document number L18000053110	ability Company we	re filed on February 28	, 2018	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability (	Company," the designation	"ILC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office add	ress on our records, <u>e</u>	nter the n	ame of the new registered
Name of New Registered Agent:	Scott McKenzie			
New Registered Office Address:	2436 N. Federal Hi	ghway #217  Enter Florida street a	-dduses	
	Lighthouse Point		_, Florida	33064
	<del></del>	Ciţv	_, r ioitua	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.

f 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
MGR	Bryce Alsten	2436 N. Federal Highway #217	□Add
		Lighthouse Point, FL 33064	■Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			□Add
		<del> </del>	□Remove
			□Change
	<del></del>		□Add
			☐ Change
		·	DAdd
		<del></del>	□Remove
			□Change
	<del></del>		□Add
			□Remove
			□ Change

See additional sheet attached.	
ctive date, if other than the da	ate of filing: (optional)
effective date is listed, the date must b	oc specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.
If the date inserted in this block ment's effective date on the Department	k does not meet the applicable statutory filing requirements, this date will not be listed
man seriocave une on the Depa	table of Suite 3 feedings.
ord specifies a delayed effective of filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
inica.	
, February 7	2020
d	
	d = 0
	AD Chilans
Si	ignature of a member or authorized representative of a member
	<b>7</b> • <b>1</b>
Scott McKenzie	Scott Mckenziz

Filing Fee: \$25.00