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## **COVER LETTER**

TO: Registration Section Division of Corporations
SURJECT: SIMPLY KICK Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Philip Metzler Name of Person
Firm/Company
13014 N. Dale Mabry HWY. STE 213
Tampa FT 33618 City/State and Zip Code
PLM 78 78 Coma i Com E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Philip Motolor at (352) 3-79-3310  Name of Person at (352) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 18000283102</u>	vere filed on 12-10-18 a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)	2 h	
Enter new mailing address, if applicable:	<u> </u>	20 AH
(Mailing address MAY BE A POST OFFICE BOX)	9. P.	<del>7:</del> S
	c. >	<del></del>
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		ame of the nev
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City 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.

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>	Name	Address	Type of Action
MGR	Philip Metzler	13014 N Dale Mahryt	LWY XX Add
		Tampa, F1 33618	Remove
			Change
			Add
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			□ Add
			Remove
			Change
			Remove
			□ Change

	田位 <b>位 :</b> 1020 1583 1583
	-ar
: If an e <u>Note</u>	tive date, if other than the date of filing:
aocu	
If the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of, e 90th day after the record is filed.
If the re	e 90th day after the record is filed.
If the re (b) Th	e 90th day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00