420000194470

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duniana Fatitu Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
 -

Special Instructions to Filing Officer:

Office Use Only



600436450396

09/16/24--01018--011 **30.00

9/20/24 K4

COVER LETTER

Division of Corp		•	
SUBJECT: DAD	G KICKS L.	.L.C.	
30B3BC1.	Name of Limite	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
		,	
	Tomela	Rame of Person	
	DADE K	Firm/Company	
	3021 N.V	U.158TH STree	1
	MIANII E	PANCIONS FL. City/State and Zip Code	33054
	drd ekick E-mail address: (to	SIGNAIL: (On be used for future annual report notific	ration)
For further information co	oncerning this matter, please cal	II:	
TAMELA	Byrd	at (786) 351-18	75 Telephone Number
rame of		•	,
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

110

DADE HICKS L	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2000</u> 194470	by were filed on $\frac{7/8}{20}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia The new name must be distinguishable and contain the words "Limited Lia	Iting L.L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			☐Remove
			□ Change
			☐Change
			· · ·
			□Remove
			Change

CHanging Just the name	
	
	
ctive date, if other than the date of filing: 9 16 2024 (or	ntional)
effective date is usico, the date mast be specific and cannot be prior to date of fifting or more than 50 days a	fter filing.) Pursuant to 605.02
2: If the date inserted in this block does not meet the applicable statutory filing requirements, iment's effective date on the Department of State's records.	this date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
filed.	4.5
OG - 11. 71-71	•
d 09-16 100	
Signature of a member or authorized representative of a member	
\sim 1	
	1