XXX 231468

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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	08/26/20 - 01013 -
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COVER LETTER

TO: Registration Solivision of Co			
SUBJECT:	ick Bag L Name of Lim	OGISTICS, LL (- ;
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Matthei	W T. Kohn Name of Person	
	Kick B	Firm/Company	LLC_
	3939 Act	Address	16
	Orange Pa	City/State and Zip Code	3a <u>⊖65</u>
	Cowboyno E-mail address: (1	les Chotmail. Co be used for future annual report notifi	cation)
For further information e	oncerning this matter, please ca	all:	
Mathey Name o	T. KOHN	at (904) 458 - Area Code Daytime	6227 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 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

- Kick Bag Lo	objetics. LL	.C
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on o ed Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>Aug</u>	UST 03 2020 and assigned
Florida document number 12000231468.	·J	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20/20
		. 07
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
D re		8
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Matthew T. Kohn	3939 Arbor Mill Circle	Mdd
		Drange Park, 11 32045	□Remove
		<u>32045</u>	□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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If an effective <u>Note:</u> If the	ate, if other the date is listed, the date inserted in effective date of	date must be spo n this block do	ecific and cann	uie apprican	date of filing or i	Sec. 44.0 (1975)	(optional) es after filing.) P ts. this date w	fursuant to 605,0207 ill not be listed as
	cifies a delayed	effective date,	but not an ei	ffective time	r. at 12:01 a.m.	on the earlier	of: (b) The S	90th day after the
e record spe rd is filed.								
e record spend is filed. Dated	<u>August</u>	<u>al</u>	â	020	- 1			

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