



Office Use Only



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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
TK KICK	S LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tyler Rhode		
		Name of Person	1,1,1,1
	TK KICKS LLC		
		Firm/Company	
	6612 Kingspointe Pkwy		
		Address	
	Orlando, Florida , 32819		
	tkkiekslle@gmail.com	City/State and Zip Code	
	-	to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
Tyler Rhode		407 961-3201	
Name	of Person	at ()	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of 0	Section Corporations	Registration Se Division of Co	
P.O. Box 63	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1K KICKS LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our recordiability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number L20000277646	were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
WIRES FOR WATCHES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	O" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		DZ4 IFAY
		AY
		<u>.</u>
Enter new mailing address, if applicable:		g j
· · ·		PH D
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Para Planta and a Th	
	Enter Florida street addre	NS .
	· · · · · · · · · · · · · · · · · · ·	lorida
	Cuy	Zıp 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>	<u>Name</u>	Address	Type of Action
			\ _Add
			Remove
			Change
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			Remove
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Effective date, if other than the	ne date of filing:			(optional)	
f an effective date is listed, the date n Note: If the date inserted in this	iust be specific and car	nnot be prior to date	of filing or more than	90 days after filing.) Purs	
document's effective date on the	Department of State	e's records.	atatory ming requi	ements, this date with	not be nated a
e record specifies a delayed effec	ive date, but not an	effective time, at	12:01 a.m. on the 6	arlier of (b) The 90t	h day after the
rd is filed.					
May 1		2024			
Dated	· ·				
		9/10	in		
	Signature of a mer	mber or authorized r	epresentative of a me	mber	

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