## 120000338587

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## **COVER LETTER**

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TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corpo	orations		
SUBJECT: Kid	trong Pur	Club LLC ited Liability Company	<u>,                                      </u>
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	<u> Kriste</u>	Name of Person	
	KidStruc	G Run Club Firm/Company	
	1450 Bri	ar oak ct.	2021 APR
	Royal	Poly Beach	h,FL33GIIT
	hidstrid	EV UN CIU be Coto be used for future annual report notified	man com
	E-mail address: (1	to be used for future annual report notific	Cation)
For further information con	cerning this matter, please ca	all:	
Kn Sten Name of P	erson	at (412) 260.  Area Code Daytime	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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	ction	Street Address:	ion
Registration Se Division of Cor		Registration Sect Division of Corp	
P.O. Box 6327	Po. 8110110	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Liability Company w Florida document number $\underline{-2000338587}$ .	ere filed on 10 20 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Remains the Sane
(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 ad	dress on our records, enter the name of the new registered
agent and/or the new registered office address here:	<u></u>
Name of New Registered Agent:	<del>-</del>
New Registered Office Address:	
	Enter Florida street address
<del></del>	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	in, out
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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
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			_ □Remove
			_ Change
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			4.	
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ective date, if other than the date of filing:	(0	ptional)		
effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory	or more than 90 days	after filing.		
ument's effective date on the Department of State's records.				
cord specifies a delayed effective date, but not an effective time, at 12:01 as filed.	a.m. on the earlier o	f: (b) Th	e 90th d	ay after th
cd 4/20, 2021.				