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2021 HAR 11 PM 1: 43 SECRETARY OF STATE

3/11/21

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SURJECT: KIC	K RUNKERS Name of Lim	L-L-C	
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	GIVINAN	Numer	
		Name of Person	
		Firm/Company	
	13600 SW	101 LANE Address	
		Address	
	MIAMI FL	23186 City/State and Zip Code	
	CONTACT (a E-mail address: (AGGRA. COM to be used for future annual report noti	fication)
For further information co	oncerning this matter, please co		
GUZMAN	Niner	at (786) 310 - Area Code Daytim	1982
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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		Street Address:	
Registration S Division of Co		Registration Sec	
P.O. Box 6323		Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 MAR 11 PM 4: 47

Zip Code

(Name of the Limited Liability Compa	SEUNDIARY OF STATE TALLAMAGESE, FI
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number \[\begin{align*} \be	were filed on FEB 18 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
KICKRUNNERZ LLC The new name must be distinguishable and contain the words "Limited Liabil	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	NA
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

Cirv

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
	NA		
			□Remove
			□Change
		□Remove	
			□Change
			□Remove
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Note:	te date, if other than the date of filing:
ne record ord is file	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 d.
Dated _	Marcu 01 2021.
	Mance 01 2021. Grand Number Transfer printed some of a member
	Guenan Numer
	Typed or printed name of signee

Filing Fee: \$25.00