L21000082286

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COVER LETTER

TO: Registratio Division of	on Section Corporations		
SUBJECT: JUST I	RUSH HOUR KICKS LLC		
		mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	ibmitted for filing.	
Please return all corr	respondence concerning this matte	er to the following:	
	DANIEL P NGUYEN		
		Name of Person	
	SUNNY LLC		
		Firm/Company	
	10491 SIX MILE CYPR	ESS PKWY, STE 244	
		Address	
	FORT MYERS, FL 3396		
		City/State and Zip Code	
	thanhdduong@yahoo.com E-mail address:) (to be used for future annual report no	tification)
For further informati	on concerning this matter, please	call:	
DANIEL P NGUYE	EN	at (<u>404</u>) <u>226-8113</u>	
Na	me of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check t	for the following amount:		
■ \$25.00 Filing Fe	ce 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 Ad		Street Address:	
Registration Section Division of Corporations		Registration So Division of Co	
P.O. Box	-	The Centre of	•
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUST RUSH HOUR KICKS LLC (Name of the Limited Liability Com	nany as it now appears on our records	<u>.</u>
(A Florida Limite	pany as it now appears on our records d Liability Company)	r.
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>02/18/2021</u>	and assigned
lorida document number <u>L21000082286</u>		
his amendment is submitted to amend the following:		
_		
A. If amending name, enter the new name of the limited liz	ability company here:	
THE RUSH HOUR KICKS LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		7.621
ranng duaress mail bis a root of rich boar		70
		· 1
. If amending the registered agent and/or registered office	e address on our records, enter t	he name of the new registe
gent and/or the new registered office address here:	<u> </u>	I The state of
		ćo
N CN D :		<i>ပ</i> ီ ယ
Name of New Registered Agent:		
New Registered Office Address:	,	
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Flor	rida
	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>	Name	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
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			□Remove
			□ Change

Typed or printed name of signee