Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001833893)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500

Fax Number

: (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address	: <u> </u>	_
------	---------	------------	---

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEDIFOOT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Help

COVER LETTER

H21000183389 3

₩	48°.	COVERLETTER	1	.) *	, ,
TO: Registration Se Division of Cor		•	-		
SUBJECT: PEDIFOC	OT, LLC				
*	Name of Lim	uited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Meghan Brennan			
	·	Name of Person		-	
	ŀ	Husch Blackwell LLP			
		Firm/Company		021 SEC	×55
		1801 Wewatta Street		SECRETARY -6	ا) سعدی دستین
		Address		- ASS - 6	-
		Denver, CO 80202		PH 4: 48	
		City/State and Zip Code		- FIST 4.	
		n.Brennan@HuschBlackwell.c		F 10 8	
For further information c	oncerning this matter, please o	-	(cation)		
Dr. Matthe	er Dobbs	at (314) 359-2454			
Name o	f Person	Area Code Daytime	Telephone Number	r	
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)	Certified	ate of Status &	

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

· Leslie Sellers 8004323622

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO

H210001833893

ARTICLES OF ORGANIZATION OF

	PEDIF	OOT, LLC				
(Name of the Limit	ted Liability Com (A Florida Limite	pany as it now appear d Liability Company)	rs on our records.)			
The Articles of Organization for this Limited L	iability Compa	ny were filed on	March 24, 2021	and assigned		
Florida document number <u>L21000139429</u>						
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited li	ability company h	ere:			
KiddFoot, LLC						
The new name must be distinguishable and contain the v	words "Limited Lis	ability Company," the o	designation "LLC" or the abb	eviation "L.L.C."		
Enter new principal offices address, if applicable:		N/A	N/A			
(Principal office address MUST BE A STREI	ET ADDRESS)					
			ن بر چیر	1 02		
			ارد <u>حد</u> احد الله الله الله الله الله الله الله الل	E T		
Enter new mailing address, if applicable:		N/A				
(Mailing address MAY BE A POST OFFICE	BOX)		37. (0.			
			T and a second the second	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered offices bere:	ce address on our i	records, enter the name	of the new registers		
Name of New Registered Agent:	N/A					
New Registered Office Address:		Enter Flo	orida street address			
		, Florida				
		City		Zip Code		
New Registered Agent's Signature, if changing	Registered Age	nt:				
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and compl vistered agent (ete performance o as provided for in	j my duties, and 1 am jo Chapter 605, F.S. Or, i	miliar with and f this document is		

T1210001833803

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:

H210001833893

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	N/A		□ Add
			□Remove
			☐ Change
			□Add
			SHOREMOVE TO Change
			PHACESTATE PRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

N/A					
-					
				·	
		<u> </u>			
					
					202
				50	
					YAH -
				₹ 50	<u> </u>
				CO TO	<u> </u>
				S.13	2 10
				TĀ.	
					31
					
ective date, if other than the date of	filing:			_ (optional)	
effective date is listed, the date must be speci	ific and cannot be price	or to date of filing	or more than 90 d	ays after filing.)	Pursuant to 605
te: If the date inserted in this block does ument's effective date on the Departmen	s not meet the appi nt of State's record	icabie statutory Is.	ning requireme	ints, this date w	in not be had
.,					
cord specifies a delayed effective date, b	ust not an affactive	time at 12:01 s	m on the earli	erofich) The	90th day afte
s filed.	of not all effective	iiiie, at 12.01 i	i.iii. on the carr	cron (b) The	3001 day 41.44
.a May 05	2021				
_{ed} May 05		 `			
	,				
Matthew Dobb	34				
Matthew Dobb	re of a member or au	thorized represent	ative of a membe	r	