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(Requestor's Name)	
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PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	ļ
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Office Use Only



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2022 AUG -9 AM 9:51

A. BUTLER AUG - 9 2022



## **COVER LETTER**

TO: Registration S Division of Co				
THE BAC	K DOOR RACK L.L.Č			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing		
	ondence concerning this matter			
	LONA FORD			
		Name of Person		
	-	Firm/Company		
	2156 GAME BIRD COUF	RT		
		Address		
	TALLAHASSEE FL 3231	T.		
		City/State and Zip Code		
	lwford@fiscalmgmtsol.con		···	
For further information	e-mail address: (	to be used for future annual report not all:	uncation)	
Lona Ford		850 980-6160 at ()		
Name	of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for	he 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 Addre Registration		<u>Street Address:</u> Registration Se	petion	
Division of 0		Division of Co		
P.O. Box 633	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

2022 AUG -9 AM 10: 04

THE BACK DOOR RACK L.L.C.

OR RACK L.L.C.

(Name of the Limited Liability Company as it now appears on our records.): OF STATE

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company	were filed on 4/25/2022	and accioned
Florida document number L22000194309		were med on	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
BRICKZ FOOTWEAR & APPAREL LLC			
The new name must be distinguishable and contain the w	vords "Limited Liabi	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office address		iddress on our records, <u>e</u>	nter the name of the new registered
	<del></del>		
Name of New Registered Agent:	N/A		
N. D. i. 10% All			
New Registered Office Address:	<del></del>	Enter Florida street a	ddress
			Florida
		City	, Florida Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere	d agent and agr	e to act in this capacity.	I further agree to comply with the
provisions of all statutes relative to the prop			
accept the obligations of my position as regi- being filed to merely reflect a change in the			
company has been notified in writing of this			•

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>	Name	Address	Type of Action
		N/A	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change
		□Add	
			□Remove
			□Change
		□Add	
			□Remove
		□Change	
			🗆 Add
			□Remove
			□Change

Effective date, if other than the date of filing:  (optional)  (optional)  (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (  obtained by the filing form of the option option of the option of the option option of the option of the option option of the option opti		N/A
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Filing Fee: \$25.00