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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: \(\frac{1}{2}\)	CKZ WI Name of Lin	TH KUT	2	
The enclosed Articles of Artic		·		
rrease return an correspond		Name of Person with Kutz Firm/Company		
	4: ck2	With Kutz	01674	
	Pembroke Pi	Blud. Unit Address Nes FL 33	025	
For Gowless in Communication	Pembroke Pi Jordon Care E-mail address:		M eport notification)	
For further information con-		all: at (<u>766</u>) Area Code	Ŷ₩2 - \$2 Daytime Telepho	73
Enclosed is a check for the f	ollowing amount:			
	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclo		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Samont Auto	deno.	

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



August 2, 2022

JORDAN GREY 12590 PINES BOULEVARD UNIT 260791 PEMBROKE PINES, FL 33025

SUBJECT: KICKZ WITH KUTZ LLC

Ref. Number: L22000198995

We have received your document for KICKZ WITH KUTZ LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please correct the document number.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

AUG 2 9 2022

Letter Number: 822A00017263

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KICKZ	WITH	KUTZ	LLC	2022 AUG 29	PH 1: 1
(Name of the Limited (7	Liability Company Florida Limited Lic	ray it now appears on ability Company)	our records.)	·	
The Articles of Organization for this Limited Lia Florida document number 69-19-19	pility Company w	ere filed on <u>0</u>	14-26-7	2022 and assi	gned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the first state of the new name must be distinguishable and contain the world in the world i	JK5 1	116	nation "LLC" or t	ne abbreviation "L.1	C."
Enter new principal offices address, if applical (Principal office address MUST BE A STREET)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>03)</u>		_		
			· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered agent and/or the new registered office address		ldress on our reco	rds, <u>enter the i</u>	name of the new	registered
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida .	street address		
			Florida	1	
		/ Time		Zint ode	

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 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 =	Ma	na	ger

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		 	□Remove
			□Change
<u>.</u>			□ Add
			□Remove
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			∏Change

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n effec <u>ste:</u> If	e date, if other than the date of filing:
ecord : is filed	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 l.
ted _	··
	Signature of a member or authorized representative of a member
	Signature of a memori of authorized representative of a memocr

Filing Fee: \$25.00