

L23000308984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

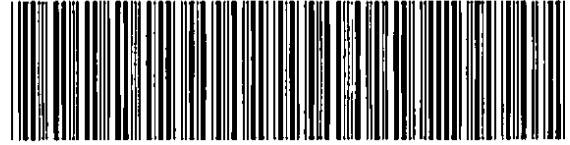
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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2023 NOV 27 AM 9:44

FILED

A. PARISHANI

DEC 10 2023

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: RETROKICKS LLC

Name of Limited Liability Company

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 NOV 27 AM 9:44

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIA ECHEVARRIA

Name of Person

RETROKICKS LLC

Firm/Company

1237 HOMESTEAD RD N

Address

LEHIGH ACRES, FL 33936

City/State and Zip Code

CLAUSCATT@GMAIL.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA ECHEVARRIA

Name of Person

239 895-5295
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RETROKICKS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2023 NOV 27 AM 9:44
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/21/2023 and assigned
Florida document number L23000308984.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida**

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	BEILE, CHRISTOPHER	1237 HOMESTEAD RD N	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2023 NOV 27 AM 9:44
DEPARTMENT OF STATE
DIVISION OF CONSTRUCTION
TALLAHASSEE, FL 32304

FILED
2023 NOV 27 AM 9:44
CLERK OF COURT
DIVISION OF CORRECTIONS
TALLAHASSEE, FL 32301

(If 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/21/ 2023

Clethrionomys

Signature of a member or authorized representative of a member

CLAUDIA A ECHEVARRIA

Typed or printed name of signee

Filing Fee: \$25.00