L23000 325 481

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only SB 473-7.



700445304527

02/27/25--01022--019 **25.00

2025 AFR 18 M1 9: 18
SECRETARY



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2025

RICHARD CARTER 189 LEAFY LN QUINCY, FL 32352

SUBJECT: MIAMI850 KICKS LLC Ref. Number: L23000325481

We have received your document for MIAMI850 KICKS 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):

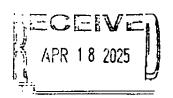
The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

SHANTELL BROWN Regulatory Specialist II

Letter Number: 425A00007341



www.sunbiz.org

COVER LETTER

1

TO: Registration S Division of Co			
SUBJECT:	Miami 850	KIKS LLC ited Liability Company	
3000tet	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ric	hard Carter Name of Person	
		Firm/Company	2025 APR 18 AM 9: 18 SECRETARY AND SECOND
	189	Leafy Lane	
	Quincy	FL 32352 City/State and Zip Code	
	richard Carter	r 2009 @ gmail. Cor	1 itication)
For further information	concerning this matter, please c	all:	
Richard 1	Carter	at (0850
Name	of Person	Area Code Dayun	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Solvision of Co The Centre of 2415 N. Monre Tallahassee. F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	acks LLC	n our records.)		
(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300032548</u> [.	y wère filéd on	7/16/2023	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here	:		
Emphalia Tachnologi	15 11 C			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desi	gnation "LLC" or the	abbreviation "L.	.L.C."
Enter new principal offices address, if applicable:			2625	A december
(Principal office address MUST BE A STREET ADDRESS)			四 平	
armetha office mareas Co. 1 viv	-		2.57	
		<u> </u>		 -
				-
Enter new mailing address, if applicable:	 		_ <u>:=</u>	_
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, <u>enter the na</u>	<u>ime of the uc</u>	<u>w registeree</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	i street address		
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agen		masitu Liurthar	aaroo ta ca n	nlu with the
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of n s provided for in Ch	y duties, and 1 ai apter 605, F.S. C	m jamutar wi Dr. if this doc	un ana ument is
If Ch	langing Registered Ager	it, Signature of New	Registered Age	nt

ļ

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			DAdd
			□Remove
			Change
			□∧dd
			□Remove
			Remove
			□Change
		<u>i</u>	□Add
			□Remove
			□Change
			□Remove
			□Change

			1	***** - * · · · · · · · · · · · · · · ·		_
		· · · · · · · · · · · · · · · · · · ·	·			_
	 -	<u>-</u>				_
			· •			_
				<u></u>		_
						_
					· · · · · · · · · · · · · · · · ·	_
				11111		_
	<u>-</u>	<u> </u>			 _	_
			<u> </u>			_
						_
	<u> </u>					_
<u>-</u> -			· · · · · · · · · · · · · · · · · · ·			_
						-
						_
						_
	,					
		<u> </u>				
Iffective date, if other	than the date of filing	:		(opti	onal)	
ran effective date is usicd, d Note: If the date inserted	the date must be specific and d in this block does not me on the Department of St	ect the applicab	date of filing or n le statutory filia	nore than 90 days after ig requirements, thi	r filing.) Pursuant to 6 s date will not be li	05.0207 sted as
e record specifies a delayerd is filed.	ed effective date, but not	an effective tim	e at 12:01 a.m.	on the earlier of: (\)	o) The 90th day af	ier the
Dated		$\overline{}$	· // .			
		///	$\alpha / y / n$			
		Killy	/ ant	e of a member		