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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JONES KICKS GAOVE
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony Jones JV Name of Person
Jones Kicks Galore Firm/Company
3472 Rossi Lowt Address
West palm Dearn In 33417 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Jones JV at 561 543 - 69 44 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Status Solution Status Solution Solution Status Solution Status Solution Solution Solution Solution Solution Status Solution Solution Solution Status Solution

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

Jones Kicks Go	HOTE LLL	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 92 3127044 623600	were filed on <u>03-29-23</u> (18694)	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Jones Kicks Galore L	16	
The new name must be distinguishable and contain the words "Limited Liabi	hity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	3412 KOSSI COU	11 West
(Principal office address MUST BE A STREET ADDRESS)	pam beach FL	37411
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3472 Rossi W Palm Logaln F	xurt West L 33417
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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.

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n effective date is ote: If the date i	other than the da listed, the date must be userted in this block we date on the Depa	e specific and cann k does not meet t	ot be prior to date he applicable st	or more in	an 90 days aner ii	al) ing.) Pursuant to 605.020 ate will not be listed a
ecord specifies a is filed.	delayed effective d	ate, but not an e	ffective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day after the
ted MA	7	. 2	024.			