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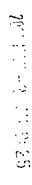
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COVER LETTER ...

TO: Registration Se Division of Cor			
SUBJECT:	KickeC	ity LL C.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ja.	Sog Jerome Bro Name of Person	ωηξ <u></u>
	Ki	Cl-z C.ty Firm/Company	
	4501	Tarpon br Address	
	To	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	ficution)
For further information c	oncerning this matter, please c	all:	
Jasen Name o	Brewne (Person	at (813) 994	50 54 te Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kickz	City LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability (Florida document number <u>し2り00172016</u>	Company were filed on Ap	ril 11,2024 a	and assigned
This amendment is submitted to amend the following:	is submitted to amend the following: name, enter the new name of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." cipal offices address, if applicable: address MUST BE A STREET ADDRESS) ing address, if applicable: s MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new registered enew registered office address here: of New Registered Agent: egistered Office Address: Enter Florida street address		
A. If amending name, enter the new name of the lim	ited liability company here:		
		, •	ري .
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	ation "LLC" or the abbrevial	tion "L.L.C."
Enter new principal offices address, if applicable:		-	. •
Principal office address MUST BE A STREET ADDI	RESS)	· ·	Ċ
		-	· 3
Enter new mailing address, if applicable:			5.7 <u> </u>
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	ds, <u>enter the name of t</u> i	he new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
		, Florida	
	City	Zıp	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>	Address	Type of Action
MGR	Jason Browne	4501 Tarpon brive	DAdd
		Tampa, FL 33617	□Remove
			Change
			□Add
			□Remove
			☐Add ☐Add ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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ffective date, if other an effective date is listed	her than the date of f ed, the date must be specific crted in this block does r	iling: c and cannot be prior	to date of filing or mo	(option than 90 days after	onal) filing.) Pursuant to 605.
ocument's effective	date on the Department	of State's records.	able statutory ming	, requirements, ons	date will not be liste
record specifies a do I is filed.	clayed effective date, but	t not an effective tir	me, at 12:01 a.m. o	n the earlier of: (b	The 90th day after
ated Apr	Signature	. 2024	<u> </u>		
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Filing Fee: \$25.00