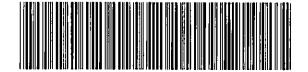
L24000233378

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Re1 10/20/24

COVER LETTER

TO: Registration Se Division of Cor			
Kick it Gro	up. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Scott W. Gobec		
		Name of Person	
	Kick it Group, LLC		
		Firm/Company	
	2412 Irwin St.		
	······································	Address	
	Melbourne, FL 32901		
		City/State and Zip Code	
	krekit.gobee@gmail.com E-mail.address: (to be used for future annual report notific	ention)
For further information of	roncerning this matter, please co	·	
Scott W. Gobee		310 619-1418	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	:

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

KICK IT GROUP LLC	
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lie Florida document number L24000233378	iability Company were filed on May 20, 2024 and assigned and assigned
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter the name of the new register</u> ess here:
Name of New Registered Agent:	SCOTT W. GOBEE 2412 IRWIN ST.
New Registered Office Address:	2412 RWIN ST. Enter Florida street address
	MELBOURNE Florida 32901 Cay Zap 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 Structure 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

Title	Name	Address	Type of Action
AMBR	JOSHUA J MELLOR	2045 N. Shannon Ave.	
		Indialantic,FL 32903	■Remove
			DAdd
			□Remove
			□ Change
			bb∆d
			□Remove
			□Change
			□∧dd
			□Remove
			Change
 -			DAdd
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: (optional)	f amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:		
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Stee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a occument's effective date on the Department of State's records. record 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 date is filed. Dated October 20 Signature of a number or unfamilied representative of a member.	•	
State: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. record 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 distilled. Dated October 20 Signature of a figurature of a figurature of a member.		
October 20 Signature of a nymber of unfuntted representative of a member	<u>Note:</u> If the date inserted	I in this block does not meet the applicable statutory filing requirements, this date will not be listed
Signature of a figurature of a figurature of a member	record specifies a delayo d is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
,	October 20	. 2024
,		lattell.
Scott Gobie		Signature of a nymber of military of representative of a member
	Scott Gobee	

Filing Fee: \$25.00