

L20000 184310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

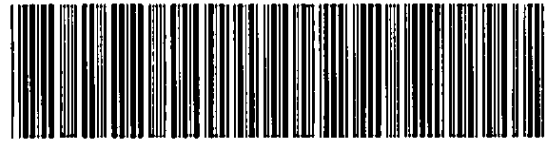
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG 10 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FL

n BRUCE
SEP 29 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Glove Kings, LLC
Name of Limited Liability Company

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

Please refer all correspondence concerning this matter to the following:

Julia Rizzuto-Flanham
Name of Person

Firm/Company

1201 George Bush Blvd
Address

Delray Beach, FL 33483
City/State and Zip Code

aweissbrod@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abraham weissbrod at (732) 600-9372
Name of Person Area Code Daytime Telephone Number

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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**

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

The Articles of Organization for this Limited Liability Company were filed on June 30th, 2020 and assigned Florida company number L20000184310.

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 office 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: _____

Registered Office Address _____

Enter Florida street address

Florida

City

Zip Code

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TALLAHASSEE, FL

New Registered Agent Signature of 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 reconfirm my 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 amended: 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

MGR Essential Ventures, LLC 1201 George Bush Blvd Add

Delray Beach, FL 33483 Remove

_____ Change

MGR Tiger Source, LLC 1247 Roberto Lane Add

Los Angeles, CA 90077 Remove

_____ Change

MGR Sulisa Rizzato-Flaorchum 1201 George Bush Blvd Add

Delray Beach, FL 33483 Remove

_____ Change

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 TALLAHASSEE, FL

D. 1. (Continuation, correction or changes) here: (Attach additional sheets, if necessary.)

Blank lines for providing continuation, correction, or changes to the filing.

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

E. 1. Effective date of filing: _____ (optional)
If the effective date of filing is later than the date of filing or more than 90 days after filing, Pursuant to 605.0207 (3)(b), the effective date of filing does not meet the applicable statutory filing requirements, this date will not be listed as the effective date of filing in the State's records.

It is hereby certified that the foregoing is a true and correct copy of the original filed on the earlier of (a) _____ or (b) The 90th day after the date of filing.

August 10th 2020
x [Signature]
Julian Rizzuto - Flynn
Authorized representative of a member
Julian Rizzuto - Flynn
Printed name of signor