121000208462

| | (Requestor's Name) | |
|----------------------|--------------------------|--------|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) |) |
| PICK-U | P ⊠ WAIT | MAIL |
| | (Business Entity Name) | |
| | (Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions | s to Filing Officer: | |
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COVER LETTER

| TO: Registration Sec Division of Corp | | | | | |
|--|----------------------------------|---|--|--|--|
| 1/ | o of 60 doc | 110 | | | |
| SUBJECT: <u>Kan</u> | g of Spades Name of Limi | ted Liability Company | | | |
| | | | | | |
| The enclosed Articles of A | Amendment and fec(s) are subt | nitted for filing. | | | |
| Please return all correspon | idence concerning this matter | to the following: | | | |
| | | | | | |
| | Edwar | 2 Smith | | | |
| | | Name of Person | | | |
| | 1/000 01 | 5 500 200 110 | | | |
| | - rang o | F Spades LLC Firm/Company | | | |
| | _ | | | | |
| | <u> 1910 W</u> | nitehauen Court | · | | |
| | | Address | | | |
| | Jackson | Wille, FL 3224 | <u>-\</u> | | |
| | | City/State and Zip Code | _ | | |
| | Edwins E-mail address: (1 | City/State and Zip Code CILS Dax Damail. o be used for future annual report notific | Com ation) | | |
| C. Carlon in Committee and | | | | | |
| For further information co | oncerning this matter, please ca | 111. | | | |
| EDWG S | mith | at (904) 477- | 9441 | | |
| Name of | Person | | Felephone Number | | |
| | | | | | |
| Enclosed is a check for the | e following amount: | | | | |
| ☐ \$25.00 Filing Fee | S30.00 Filing Fee & | □ \$55.00 Filing Fee & | □ \$60.00 Filing Fee, | | |
| | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy | | |
| | | (2003), (1007) | (additional copy is enclosed) | | |
| | | | | | |
| | | _ | | | |
| <u>Mailing Address</u> Registration S | | Street Address: Registration Sect | ion | | |
| Division of Co | | Division of Corporations | | | |
| P.O. Box 6321 | - | The Centre of Ta | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

i

| Kang of Spad | |
|--|--|
| (<u>Name of the Limited Liabilit</u> (A Florida | v Company as it now appears on our records.) Limited Liability Company) |
| The Articles of Organization for this Limited Liability Co | omnany were filed on MAY OY, 2021 and assigned |
| Florida document number 121000208462 | 707 |
| | - · · · · · · · · · · · · · · · · · · · |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limi | ted liability company here: |
| King of Soudes LLC | |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 7910 whitehoven Court |
| (Principal office address MUST BE A STREET ADDR | ESS) Jacksonville, FL 32244 |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | Leff and describe any registered |
| B. It amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter the name of the new registered |
| | |
| Name of New Registered Agent: | Edwin Smith |
| New Registered Office Address: | 1910 whitehoven Court |
| New Registered Office Address. | Enter Florida street address |
| | Tacksonville Florida 32244 |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered | l 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> | Name | Address | Type of Action |
|--------------|----------------|------------------------|----------------|
| AMBR | Luncy Smith | 7910 whitehoven Court | _ 🗹 Add |
| | | Jacksonville, FL 32244 | □Remove |
| | | | □Change |
| AMBR | Keith Harvey | 7910 whitehoven Court | □ Add |
| | | Jacksonville FL 32244 | 🗷 Remove |
| | | | □Change |
| | Litine Sparkes | | □Add |
| | | | □Remove |
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| n effective <u>ste:</u> If the | e date is listed e date inser | er than the d d, the date must ted in this blod late on the Dep | be specific an ck does not: | d cannot be p meet the app | plicable statu | filing or more story filing re | (option than 90 days after quirements, this | onal) filing.) Pursuant to s date will not be | 605.0207 listed as |
| ecord spe is filed. | ecifies a del | ayed effective | date, but no | t an effectiv | ve time, at 12 | :01 a.m. on t | he earlier of: (b | The 90th day | after the |
| ted | 02 | June | | 202 | <u>21</u> . | | | | |
| - | | | signature of a | momber or a | authorized rep | resentative of a | n member | | _ |
| | | | | | | | | | |