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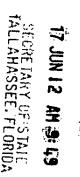
(Requestor's Name)
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COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: KIND Still Sti	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
King Brands warehouse, LLC	
9910 N-waria Pd Address	
Fof Myers, FL 33913  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person  at (739) 313-7657 X307  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K	ing Brands whichouse, LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on \( \lambda \text{and assigned} \\ \tag{31 \lambda \lambda} \]
This amendment is submitted to amend the followi	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	XX
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the flam of the neve e address here:
Name of New Registered Agent:	\$\$' <b>\@</b>
New Registered Office Address:	Enter Florida street address
_	, Florida
	City Zin 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	JOH KING	2821 NE 4711/5+	Add
	<b>y</b>	Lighthouse Point, FL33064	Remove
			Change
AMBR	Jason King	1611 wandrei Ct	
	J	Commerce, M148382	□ Remove
			Change
			Add
			C Remove
		<u> </u>	Change
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			Remove
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Note: If	the date inser	er than the da d, the date must be ted in this block late on the Depa	does not n	neet the app	licable statute	ory filing rec	uirements, this	date will not be	o 605.0207 e listed as
		s a delayed e ter the record		late, but	not an effe	ctive time	, at 12:01 a	a.m. on the e	arlier of
Dated		6/8		2011		_			
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		Sig	gnature of a r	nember or al	thorized repre	sentative of a	member		_

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Filing Fee: \$25.00