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SECRETARY OF STATE
TALLAHASSEE, FI OBIO

√ SULKER

0CT 2.5 2019

## **COVER LETTER**

CUBILICT.	KINGSTO	N INVESTMENT GROUP.L.L	C.	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		THERESA WOODSIDE		
			Name of Person	
			INVESTMENT GF	ZOUP, L.L.C.
		P.O. BOX 9447		
		TAMPA, FL 33674	Address	
		jjw@woodsideusa.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notif	fication)
For further is	nformation c	oncerning this matter, please ca	all:	
Theresa Wo	odside		813 477-3478	
	Name o	f Person	at ()	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	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:

.

TO:

Registration Section Division of Corporations

> 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

KINGSTON INVESTMENT GRO		<del> </del>	<del></del>
( <u>Name of the Limi</u>	(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L13000126123		y were filed on September 6, 2013	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited lia	bility company here:	
ISABELLA ADAMS DESIGNS , LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	NA	
Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	
B. If amending the registered agent and			7019 OF T
B. It amending the registered agent and registered agent and/or the new registered o			emittie mane of the ne
Name of New Registered Agent:	NA	· · · · · · · · · · · · · · · · · · ·	FOR E D
New Registered Office Address:	NA	Enter Florida street address	TATE ORIDA
		, Florida	
	<del></del>	City	Zip 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

in amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
NA		<del></del>	
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			☐ Change
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			☐ Remove
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			Change
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			Change
NA			□ Add
			☐ Remove
			☐ Change

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as rument'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 the 90th day after the record is filed.  October 3  2019  Signature of a member or authorized representative of a member	NA					
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Theresa Woodside		2		•		

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Filing Fee: \$25.00