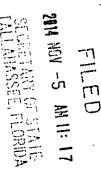
L1400016251

(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			
K. Sundry	/ LLC		
	Name of Lim	ited Liability Company	
	amendment and fee(s) are sub	_	
	Kelvin Cooks		
		Name of Person	
	K. Sundry LLC		
		Firm/Company	
	12097 135th Ave		
		Address	
	Largo, FL 33778		
	Kelvin@justgethome		
For further information co	ncerning this matter, please ca	to be used for future annual report notifi all:	ication)
Kelvin Cooks		612 805-7396	
Name of	Person		Telephone Number
Enclosed is a check for the	e 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 Taliahassee, 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

FILED

2014 NOV -5 AM II: 17

SLORETARY OF STATE TALLAHASSEE, FLORIDA

K. Sundry LLC

(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 January 29, 2014	and assigned
Florida document number L14000016257		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Lucky Gents, LLC		
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADL	ORESS)	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		ter the name of the n
registered agent and/or the new registered office ad	<u>idress nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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

If amending the Managers or Authorized Member on our records, <u>en</u>	ter the title	, name, a	nd address of	each l	Manager or
Authorized Member being added or removed from our records:					

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeffrey M. George	1104 S. Duncan Ave.	_ A dd
		Clearwater, FL 33756	□ Remove
			□ Add
			Remove
			Add
			Remove
			
 			Add
			☐ Remove
			Add
			□ Remove
			Add
			Remove

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		<u> </u>
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ective date must be s	r than the date of filing: specific, cannot be prior to date of receipt or filed date and car	(optional) not be more than 90 days after
ective date must be s	r than the date of filing: specific, cannot be prior to date of receipt or filed date and car filed by the Florida Department of State)	(optional) not be more than 90 days after
ective date must be s te this document is fil	specific, cannot be prior to date of receipt or filed date and car	(optional) not be more than 90 days after
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ective date must be s te this document is fil	specific, cannot be prior to date of receipt or filed date and car iled by the Florida Department of State)	(optional) not be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

