114000026842

(Red	questor's Name)	
(Ada	dress)	
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(City	//State/Zip/Phone	#)
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(Doc	cument Number)	· · · · · · · · · · · · · · · · · · ·
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01/11/17--01809--005 **25.00

J. HARRIS

January 8, 2017

** Florida Department of State Division of Corporations Amendment Section PO Box 6327 Tallahassee, FL 32314

Re: TMP Apparel, LLC

Document # L14000026842

Dear Sir or Madam:

Please find the Articles of Amendment to the Articles of Organization of TMP Apparel, LLC and a check in the amount of \$25.00 representing payment of the associated filing fee. Please send the notification of amendment to the taxpayer address of record.

If you have any questions, Please feel free to contact me directly at 407-748-4222. Thank you for your assistance with this matter.

Sincerely,

Kevin Kingsley

COVER LETTER

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ain ie <i>o</i> e.	TMP Appar			
SUBJECT:	· · · · · · · · · · · · · · · · · · ·		ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	n all correspo	ndence concerning this matter	to the following:	
		Kevin Kingsley		
			Name of Person	
			Firm/Company	
		605 Evening Sky Drive		
			Address	
		Oviedo, Florida 32765		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		kevinkingsley@hotmail.com		
		E-mail address: (to be used for future annual report notifi	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
Kevin King			407 758-4222 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 1	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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TMP Apparel, LLC			
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited	Liability Company were filed on	02/17/2014 an	d assigned
lorida document number L14000026842	·		
his amendment is submitted to amend the for	llowing:		
. If amending name, enter the new name	of the limited liability compan	<u>y here</u> :	
Kings Smokehouse, LLC			
he new name must be distinguishable and contain the	words "Limited Liability Company,"	he designation "LLC" or the abbreviation	on "L.L.C."
nter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			
nter new mailing address, if applicable:			Z -4
Mailing address MAY BE A POST OFFICI	E BOX)		一 海
			∄ ,≅5
		 	φ
3. If amending the registered agent and	d/or registered office address		UT ∷∷ manafetha n
egistered agent and/or the new registered		on our records, enter the na	me or the n
Name of New Registered Agent:	Kevin Kingsley	 	·. · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	605 Evening Sky Drive		
	Enter	Florida street address	
	Oviedo	, Florida ³²⁷⁶⁵	
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
		 	☐ Change
			Add
			□ Remove
			☐ Change
 			
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			Remove.
			Change 5
	<u> </u>		
			□ Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessa	u y.)
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Effective date, if other than the date of filing: (optional fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing or more than 90	i) ng.) Pursuant to 605.0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	te will not be listed as
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	. on the earlier of
1/-1	17
Dated SZOT , ZOT .	77.0
Signature of a member or authorized representative of a member	
	9 3%

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00