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COVER LETTER

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| SUBJECT: | K-WAM & | Associates, LLC | | |
| SC BULC 1. | | Name of Limi | ted Liability Company | |
| | | | | |
| The enclosed | l Articles of A | Amendment and fee(s) are subr | nitted for filing. | |
| Please return | all correspor | ndence concerning this matter t | to the following: | |
| | | Sharon Wamble-King | | - |
| | | | Name of Person | |
| | | The WambleKing Group, I | LLC. | |
| | | | Firm/Company | |
| | | 14286-19 Beach Blvd, Suit | e334 | |
| | | | Address | |
| | | Jacksonville, FL 32250 | | |
| | | | City/State and Zip Code | |
| | | sharon@thewamblekinggrou | • | |
| | | E-mail address; (t | o be used for future annual report | notification) |
| For further in | nformation co | ncerning this matter, please ca | 111: | |
| Sharon Wan | nble-King | | 904 314-347 | 3 . |
| | Name of | Person | at () Area Code Da | ytime Telephone Number |
| Enclosed is a | a check for the | e 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:

Registration Section

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-WAM & Associates, 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, 27, 2015 and assigned Florida document number L15000015773 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The WambleKing Group, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 14286-19 Beach Blvd, Suite 334 Enter new principal offices address, if applicable: Jacksonville (Principal office address MUST BE A STREET ADDRESS) Florida 32225 14286-19 Beach Blvd, Suite 334 Enter new mailing address, if applicable: Jacksonville (Mailing address MAY BE A POST OFFICE BOX) Florida 32225 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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 = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** VP P. Leon King 1185 Queens Harbor Blvd □ Add Jacksonville Florida 32225 ☐ Change □ Add _ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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| Signature of a member or authorized representative of a member | | // / | A | 10 | 1) | | | | | | |
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Filing Fee: \$25.00