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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2/22/21 EA

COVER LETTER

ro:	Registration Sec Division of Corp			
SUBJE	CT:	Our of Leg Name of Limi	Tal Holvisers ted Liability Company	LLC
The enc	losed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please r	eturn all correspon	dence concerning this matter t	to the following:	
		190	R KOROL Name of Person	
		Group of h	egal Advisors	LLC
		1351 NE Mia	mi Carolens Di	3. apt 1626
		Miami	FL 33/79 City/State and Zip Code	
			Roup@gmail.Co	
For furt	her information co	ncerning this matter, please ca	ıll:	
	Oh K	OR OL Person	at (305) 322 Area Code Daytim	e Telephone Number
Enclose	d is a check for the	e following amount:		
525	5.00 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 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GROUP OF LEGAL A	drigers LLC
(Name of the Limited Liability Company (A Florida Limited Liab	
The Articles of Organization for this Limited Liability Company we lorida document number	ere filed on $03 - 22 - 2016$ and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabilit	y company here:
KING DTG LLC	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
_	20
	IZI JAH
nter new mailing address, if applicable:	<u> </u>
Agiling address MAY BE A POST OFFICE BOX)	0 [
_	3 7
	·
. If amending the registered agent and/or registered office add cent and/or the new registered office address here:	lress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

lew Registered Agent's Signature, if changing Registered Agent;

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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			□Remove
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fective	e date, if other than the date of filing: (optional)
in effect	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
cumen	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a at's effective date on the Department of State's records.
	·
ecord s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed	l.
	Jan 7, 2021.
ited	,
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ited	
ated	Signature of a member or authorized representative of a member