Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H250001140023)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

KING DTG LLC

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COVER LETTER

10: Registration Section Division of Corporations				
SUBJECT:	KING DTG LLC			
SUBJECT:		nited Liability Company		
The enclosed	d Articles of Amendment and fee(s) are sul	bmitted for filing		
	n all correspondence concerning this matter			
11000010001	was correspondence contenting this matter	to the tonowing.		
	KOROL, IGOR			
		Name of Person		
	KING DTG LLC			
		Firm/Company		
	1351 NE MIAMI GARDE	ENS DR. APT 1626 E		
		Address		
•	MIAMI, FL 33179			
		City/State and Zip Code		
	PRINTING@KINGDTG.C	MO		
	E-mail address: (to be used for future annual report notification)		
For further in	nformation concerning this matter, please c	all:		
KOROL, IG	OR	786 253-2127		
	Name of Person	Area Code Daytime Telephone Number		
	:			
Enclosed is a	check for the following amount:	4		
■ \$ 25.00 F		☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		·		
		•		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
	rision of Corporations 1. Box 6327	Division of Corporations The Centre of Tallahassee		
	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KING DTG LLC				
(Name of the Limited L (A F	iability Company as j lorida Limited Liabilit	t now appears on y Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number L16000051487	ity Company were	filed on 03/14/2	016	and assigned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liability c	ompany here:		
The new name must be distinguishable and contain the words		npany," the designs	ation "LLC" or the abbu	eviation "L.L.C."
Enter new principal offices address, if applicable		<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)	······································		
w Element	1.55 1.55数 計 <u>1</u> .5	**************************************		<u> </u>
Enter new mailing address, if applicable:	. •			
(Mailing address MAY BE A POST OFFICE BOX	 ງ			63 7
				3 11
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office addres <u>re</u> :	s on our r e cord	ls, <u>enter the name</u>	
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida str		·-·
		Enter riorida str	Florida	
_	Ci	<u></u>	FIOTIUM	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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	SHULGINA, KRISTINA	1351 NE MIAMI GARDENS DR.	_ ≣Add
		APT 1626 E	□Remove
		MIAMI, FL 33179	_ Change
			_ □Add
			_ □Remove
	e de la companya de La companya de la co		_ □Change
			_ 🗆 Add
			_ □ Remove
••		en e	_ Change
			_□Add
		· · · · · · · · · · · · · · · · · · ·	_ □Remove
	•		□ Change
	·		_ □Add
		·	_ □Remove
	•		□Change
			□Add
			Remove
			Change

<i>D.</i> II.	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
96. L		
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in .		
		
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E. Effe	ctive date, if other than the date of filing:	. 404 0207 (2)(L)
Not	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be iment's effective date on the Department of State's records.	listed as the
If the rec record is	ord specifies à delayed effective date; but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day filed.	after the
Date	d	
	Agor Korol	
	Signature of a member or authorized representative of a member	_

Filing Fee: \$25.00