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.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Pnone : (727)442-1200 Fax Number : (727)443-5829

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

Email 1	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AUCTION KINGZ GALLERY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
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Registration Section

Division of Corporations

P.O. Box 6327 Talinhassee, FL 32314

TO:

H19000215051

## **COVER LETTER**

Division of Cor	porations		
	n Kingz gallery, llc		
SUBJECT:	Name of Limi	ted Linbility Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	oudence concerning this matter	a the following:	
	Alan S. Gassman, Esquire		
		Name of Person	
	Gassman, Crotty & Denico	ilo, P.A.	
		Firm/Company	<del></del>
	1245 Court Street		
Address			
	Clearwater, FL 33756		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Carla Guidry		727 442-1200	
Nume	of Person	at ()	Telephone Number
	ar ar House a company		
Enclosed is a check for the \$25.00 Filing Fee	\$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
323.00 Fining Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAU	LING ADDRESS:	STREET/COURI	ER ADDRESS:
Rogis	tration Section	Registration Section Division of Corpora	

Clifton Building 2661 Executive Conter Circle Tallahassee, FL 32301

H19000215051

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TION KINGZ GALLERY, LLC	
(Name of the Limited Lin (A Flo	bility Company as it now appears on our rida Limited Liability Company)	records)
The Articles of Organization for this Limited Liability Florida document numberL16000099141	y Company were filed on05/20/20	
This amendment is submitted to amend the following	L.	(T. 1)
A. If amending name, enter the new name of the	imited liability company here:	
AKZG, LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	1	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido str	et address
		, Florida
	Cny	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

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
		***************************************	
			□ Add
			□ Всточе
		- Company of the Comp	□ Change
			_□ Add
			□ Remove
			[I] Change
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			П Кето∨е
			☐ Change
		-	□ Remove
			□ Change
			□ Add
			☐ Remove
			□ Change

amending any other inform	ation, enter change(s) here: (Attach additional sheets, if	necessary.)
		<del></del>
***		
<u> </u>		
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		Z 2 2 2 D
ffective date, if other than the an effective date is listed, the date in total. If the date inserted in this occurrent's effective date on the	ust be specific and cannot be prior to date of filing or more than 90 day block does not meet the applicable statutory filing requirement	optional) s after filing.) Pursuant to 605.020 is, this date will not be listed a
e record specifies a delay The 90th day after the re	ed effective date, but not an effective time, at 12 ecord is filed.	:01 a.m. on the earlier
The soci day and the re		<b>19</b>
Jaicd July 5	, 2019	
	XV _	5
	Signature of a member or authorized representative of a member	77
Alan S. Gassman. Au	thorized Representative	<b>3 3 3</b>
	Typed or printed name of signee	

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Filing Fee: \$25.00