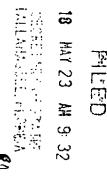
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 502	AR KINGS Name of Lim	WEA LC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	EAR M. PROTE	Name of Person	
	Soum KINGS Pan	Firm/Company	
	1104 NE 671 55	Address	
		33 860 City/State and Zip Code	
	E-mail address: (TUE . COM to be used for future annual report no	tification)
For further information co	oncerning this matter, please ca	all:	
Fest Pentre Name of	Person	at (<u>313</u>) <u>415</u> Area Code Dayti	5- 162/ me Telephone Number
Enclosed is a check for th	e following amount:		
区 \$25.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Com</u> (A Florida Limited	nany as it now appears on our records.) Haability Company)
The Articles of Organization for this Limited Liability Compan Florida document number $\sqrt{1800001745}$.	y were filed on JAN 8TH 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lig	bility company here:
The new name must be distinguishable and contain the words "Limited Liah	oility Company," the designation "LLC" or the abbreviation "L.F.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the ne</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VANESSA PROTEC	1104 NE 6TH ST MULBERRY FL 33860	OMAdd
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tive date.	if other than	the date of fil	ling:	5/21/	2018	(o) filing or more than 90 days a	ptional)
iffective date : If the dat	is listed, the date e inserted in th	r must be specific is block does no	and cannot of meet t	#t be phior he applie	to date of able stat	filing or more than 90 days a atory filing requirements,	fler filing.) Pursuant to 605 this date will not be list
		ne Department c					
				but no	t an ef	fective time, at 12:0	1 a.m. on the earli
e 90th da	ay after the	record is file	ed.				
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ı <u>5/</u>	8/2018						
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Page 3 of 3

Filing Fee: \$25.00