L18000249776

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: King's Quality L. Namo of Limite	1 C d Liability Company
The enclosed Articles of Amendment and fee(s) are submit	itted for filing.
Please return all correspondence concerning this matter to	the following:
B091Z(G Laguerre Name of Person
King's Qu	PirmCompany
PO BOX S	292361 Address
Tampa, Fl	33687 City/State and Zip Code
Kingsquality E-mail address: (16	be used for future annual report notification)
For further information concerning this matter, please call	:
PCOZ G LAQUETTE	at (<u>813</u>) <u>858 - 2760</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee \$\text{Certificate of Status}	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

King's Quality L	1C 2023 SEP - 1 AM 7: 51	
(A Florida Limited) (A Florida Limited)	Pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800249776</u> .	y were filed on 10/24/2018 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2310 N Nebraska Ave Suite & Tampa, FL 33602	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2310 N Nebraska AVE Suite B Tampa, FL 33602	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register	<u>:d</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida City 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
MGR	Boaz G Laguerre	2310 N Nebraska Ave	tVAdd
		2310 N Nebraska Ave Suite B Tampa, FL 336	<u>O</u> 2□Remove
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effective date i te: If the date	f other than the d s listed, the date must b inserted in this bloc tive date on the Dep	e specific and o	cannot be prior cet the applic	able statutory			
cord specifies s filed.	a delayed effective of	date, but not a	ın effective ti	ime, at 12:01 a	.m. on the earli	ier of: (b) Tho	90th day after the
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