## L19000183431

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## **COVER LETTER**

TO:

	Registration Sec Division of Corp				
CUBIEC	KING ZAY	ZAY SPORTZWEAR LLC	e e e e e e e e e e e e e e e e e e e	4	
SUBJEC	l:	Name of Lim	nited Liability Company		-
The enclo	sed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		VERLIN L, MOORE JR			· (-)
			Name of Person		VOV.
		KING ZAYZAY SPORTZ	ZWEAR LLC		5
			Firm/Company		271 NOV -5 PH 3:
		17012 Yellow Pine St			ω -
			Address	<del></del>	
		Wimauma, FI. 33598			
			City/State and Zip Code		_
		verlinmoore@gmail.com E-mail address: (	to be used for future annual report noti	fication)	-
For furthe	r information co	oncerning this matter, please c	all:		
Verlin L	Moore Jr		813 943-1343 at ( )		
	Name of	Person		e Telephone Numb	<del>er</del>
Enclosed	is a check for th	e following amount:			
□ \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy ial copy is enclosed)
F I F	Mailing Address Registration S Division of Co P.O. Box 632 Fallahassee, F	ection orporations 7	Street Address: Registration Servision of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite	810

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

KING ZAYZAY S	SPORTZWEAR LLC
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(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL19000183431	were filed on <u>07/16/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	ر جيء
KZZ LIFESTYLE LLC		e de la companya de l
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	r the abbréviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		- <u>5</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-/V//	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new register
Name of New Registered Agent:	//A	
New Registered Office Address:	Exter Florida street address , Florida	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I furth	er agree to comply with th

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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No other changes are needed at	the moment.	
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ective date, if other than the d	ate of filing:	(optional)
		ing or more than 90 days after filing.) Pursuant to 605.0207 ry filing requirements, this date will not be listed as
cument's effective date on the Department		.,
cord specifies a delayed effective of stilled.	ate, but not an effective time, at 12:0	I a.m. on the earlier of: (b) The 90th day after the
ed	2020	
, , , , ,	2 gnature of a member or authorized repres	

Typed or printed name of signee