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To:	Division of Corporations
	Fax Number : (850)617-6383
From:	Account Name : GARY, DYTRYCH & RYAN, P.A. Account Number : 119990000255 Phone : (561)844-3700 Fax Number : (561)844-2388
**Enter the enable annual r	mail address for this business entity to be used for future eport mailings. Enter only one email address please.
	AMND/RESTATE/CORRECT OR M/MG RESIGN
	THE KING AND US, LLC

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Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE KING AND US, LLC	<u> </u>
(Name of the Limited Liability Company as it now an (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed or Florida document number L19000206450	1 08/13/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	
the new name must be distinguishable and contain the words "Limited Liability Company,"	
Enter new principal offices address, if applicable:	. 28
(Principal office address MUST BE A STREET ADDRESS)	
	44
Enter new mailing address, if applicable:	
Mailing uddress MAY BE A POST OFFICE BOX	
	<u> </u>
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ur records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address: Enter	Florida street adoress
	, 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

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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>	<u>Name</u>	Address	Type of Action
MGR	LEONARD F. SCHULZ, JR.	9425 HOWELL LANE	
		PALM BEACH GARDENS, FL 33418	□Remove
			Change
		<u> </u>	
			☐ Remove
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			Change

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If amending any other information	on, enter change(s) here: (Attach a	dditional sheets, if necessary	.)
1 amending any other miorinane	m, ther thange(s) here (simes a		
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			<i>P</i> 3
		-	J. J
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Effective date, if other than the da	ate of filing: e specific and cannot be prior to date of filing	(optional)	Pursuant to 605.
Note: If the date inserted in this block document's effective date on the Dept	k does not meet the applicable statutory	filing requirements, this date	will not be liste
ne record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The	e 90th day after
Dated December 28	2020		
	sonard F. Schulz, Canadian of a member or authorized oppresson)r.	
Si	gnature of a member or authorized orpressor	native of a member	
LEONARD F. SCHULZ,			
	Typed or printed name of sign	nee	

Filing Fee: \$25.00