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 Con	porations Oct	
	Fax Number	: (850)617-6383	_
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From:		17,	49
	Account Name	: CORPORATE CREATIONS INTERNATIONAL INC.	_
	Account Number	: 110432003053	
	Phone	: (561)694-8107	
	Fax Number	: (561)214-8442	

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

Email Addres	S 1	 			

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KING MANAGEMENT TEAM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KING MANAGEMENT TEAM, LLC	_	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 09/06/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	2021 F
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	r the abbreviation "LDC."
Enter new principal offices address, if applicable:		8
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	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

Title	<u>Name</u>	Address	Type of Action
MGR	Jennifer King	616 WEST YALE STREET	□ Add
		ORLANDO, FL 32804	≅Remove
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an effective date is listed, the date must be specific and cannot be prior to date of filing of lote: If the date inserted in this block does not meet the applicable statutory fi	r more than 90 days aft ling requirements, tl	er filing.) Pu 11s date wil	raugnt to (I not be !	605,020 listed as
ocument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effective time, at 12:01 a.r I is filed.	n, on the earlier of:	(b) The 90)th day a	ifter the
February 8th 2021				
ated February 8th 2021				
MOLAN				
Signature of a methber or authorized representat				•

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Filing Fee: \$25.00