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### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: KINGZ KOLECTIONZ LLC  Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
DYWAVE L. STRONG Name of Person		
KINGZ KOLEZTIONZ LLC Firm/Company		
600 CORAL GIEN LOOP, APT # 104		
City/State and Zip Cog/  City/State and Zip Cog/  KINCO KOLLECTION 2LLC GMAIL COM  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	.;	
DYWANZ STRONG at 407, 405-8392  Name of Person Area Code Daytime Telephone Number		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed is a check for the following amount:  \$\sum_{\sum_{\text{S25.00}}} \text{Filing Fee & } \sum_{\text{\$55.00}} \text{Filing Fee & } \sum_{\text{\$60.00}} \text{Filing Fee.}	ATH: 02	4.010.42 1.010.42 1.010.42
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)		う

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

ART	TICLES OF AMENDME	NT	٠.(
ARTI	TO CLES OF ORGANIZAT OF	TON	6
KINGZ K	d Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Li Florida document number L2000039	ability Company were filed on	02/03/20 a	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company." the d	esignation "LLC" or the abbrevia	aion "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:	£.	ecords, <u>enter the name of t</u>	he new registered
<del></del>	<u></u>		<del></del>
New Registered Office Address:	Enter Flor	ida street address	
		, Florida	
New Registered Agent's Signature, if changing F	City Registered Agent:	Zq	n Code
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company	er and complete performance of stered agent as provided for in C registered office address, I heret	my duties, and I am famili Thapter 605, F.S. Or, if thi	iar with and is document is

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	Dywane L. Strong	3306 LAKE TIM GR DRUANDO, PL 32818	WAdd
	_		□Remove
`			□Change
MAR	DMMY H. LEGRICK III	4008 Boston Common St DPLANDO, FL 32808	🗀 Add
	·		Remove
			[]Change
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## Page 2 of 3

(If an e <u>Note:</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 MAY 1St . 2000.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00