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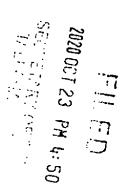
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LA.
12/02/20

COVER LETTER

TO:

TO: Registration Section Division of Corporation			
SUBJECT: South	ern Kingdom	Investment	s LLC
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	_	~	,
	2	ion Ben Is Name of Person	srue!
	Southern	Kingdan Inc	jestments LLC
	4293 Coral S	prings Drive Address	
	Coral Spring.	5 / Florida City/State and Zip Code cuthern Kinue	33065 Estments com
-	E-mail address: (to be used for future annual	report notification)
For further information conc	erning this matter, please c	all:	
Zion Ben	Isnel	at (<u>\$61</u>)	409-6084
Name of Po		Area Code	Daytime Telephone Number
Enclosed is a check for the f	ollowing amount:		
≦ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	oorations	Division The Co 2415 N	ddress: ation Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Kng	,dom I	ncelo	nents	uc	
(Name of the Limited Liability Com (A Florida Limite	ipany as it now ed Liability Com	appears on pany)	our records.)	_
The Articles of Organization for this Limited Liability Compare Florida document number	ny were filed (つ	on	2/17,	/ <u>2020</u> and	assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ability compa	iny here:			
The new name must be distinguishable and contain the words "Limited Lia	ability Company.	." the design	ation "LLC"	or the abbreviation	-"IIC."
Enter new principal offices address, if applicable:		- <u>-</u>			
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on	our recor	ds, <u>enter tl</u>	Sign of the name of the	
Name of New Registered Agent:					
New Registered Office Address:	Ent	ter Florida st	reet address		
			Flor	ida Zip Ce	
New Registered Agent's Signature, if changing Registered Agen	Cuy n t:			z.p C c	λ(ŧ'
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	gree to act in te performan s provided fo	ice of my o ir in Chap	luties, and ter 605, F.	Lam familiar S. Or, if this d	with and ocument 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>	<u>Name</u>	Address	Type of Action
AMBR	Jeremy Richburg	4293 Coral Springs Dr.	ISA dd
		(cral Springs, Florida	
		33065	□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
	·		🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			∏ Channa

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F (footiv	e date, if other than the date of filing:
(If an eifec <u>Note:</u> H	e date, if other than the date of filing:
ne record ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the discountries of the feet of
Dated _	10/20/2020
	Signature of annember or authorized representative of a member

Filing Fee: \$25.00