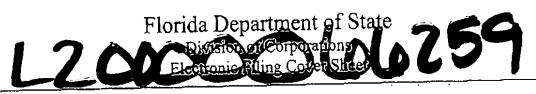
Division of Corporations 6/16/23, 4:43 PM



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(((H23000217324 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KAYALI & CO., P.A.

Account Number : I20160000100 : (813)899-9642 Phone

: (813)899-9793 Fax Number

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

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WALID OSMAN, LLC



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COVER LETTER

TO:	Registration Sect Division of Corpo	ion prations		
_	WALID OSN	MAN, LLC		
SUBJE	CT:	Name of Limite	d Liability Company	
The est	losed Artiples of A	mendment and fee(s) are subm	itted for filing.	
		dence concerning this matter to		
T (CASE)		•		
			Name of Person	
		KAYALI & CO., PA.		
			Firm/Company	
		10630 N 56TH ST., STE 20	5	
			Address	
		TAMPA, FL 33617		
			City/State and Zip Code	
		INFO@CPAOSK.COM B-mail address: (t	be used for future armus! report not	fication)
For fu	rther information c	oncerning this matter, please ca	li:	
OSA	ma s Kayali, ci	?A	813 899-9642	ne Telephone Number
	Name o	f Person	at (at Code Daytin	ne Telephone Number
Enclo	sed is a check for t	he following amount:		
	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre	#9: 	Street Address: Registration S	ection
	Registration Division of	Section Corporations	Division of Co	orporations

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WALID OSMAN, LLC		om enneave on our records \	
Name of the Limited Liability (A Florida	ty Company as it is Limited Liability (Company)	
The Articles of Organization for this Limited Liability C	Company were fil	led on 02/28/2020	and assigned
Florida document number L20000066259	 '		
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the lim	ited liability cor	mpany here:	
4 KINGSWAY, LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Comp	pany," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE BOX)			
			P 43
B. If amending the registered agent and/or registered	ed office address	s on our records, <u>enter ti</u>	e name of the new regist
agent and/or the new registered office address here:			
N Fhl Decistand Ameri			
Name of New Registered Agent:			
New Registered Office Address:	·	Enter Florida street address	
		. Flor	-ida
	C!		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

+1230002173243

MGR = Manager

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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:

AMBR = A	uthorized Member		There of Antion
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			DAdd
			Remove
			☐ Chango
			DAdd
			Remove
			Change
			□Remove
			Change
			[]Add
	<u> </u>		□Remove
			Change

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+1230002173243

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fective date, if other than the one offective date is listed, the date must ofte: If the date inserted in this bloomerm's effective date on the De	partment of State's records.	iv aminiery mang 144		
ecord specifies a delayed effective is filed.	date, but not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
JUNE 16	2023	. '		
m 11 a.	Signature of a member or authori	zed representative of a r	nembot	
Course D smare	SISHBURG OF BUILDINGS OF STREET			

Filing Fee: \$25.00