12000022753

(Re	equestor's Name)	
(Ad	dress)	
————(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2020 DEC 23 PH 1: 32

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/23/2020		**WALK IN*
ENTITY NAME KING OF	THE CURVE LLC	
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN	**
XXXX	Plain Copy Certified Copy Certificate of Status	
***	EASE OBTAIN THE FOLLOWING FOR THE ABOVE	ENTITY**
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	V
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		
TOTAL OWED \$25.00	ACCOUNT #:	l20160000072
Please call Tina at the	above number for any issues or concerns.	Thank you so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

King of the Curve LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L20000227533		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	3660 North McCord Road	
(Principal office address MUST BE A STREET ADDRESS)	ADDRESS) Toledo, OH 43617	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3660 North McCord Road Toledo, OH 43617	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		the name of the ne
New Registered Office Address:		ب
	Enter Florida street address	
	, Florida	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, <u>enter the title, name, and address of each person_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name Adam Richard Roach	Address	Type of Action
AMBR	Addin Menaro Macii		□ Add
		3640 Shady Run Road Melbourne, FL 11790	
		Melodume, FL 11790	■ Remove
			☐ Change
AMBR	Medhini Urs		
		346 Oxhead Road	Add
		Stony Brook, NY 11790	■ Remove
			Change
	<u></u>		
			□ Remove
			☐ Change
			□ Add
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			☐ Change
			☐ Remove
			☐ Change

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(If an effective Note: I	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	12/22/2020 Nogh Rosal-
	Roll Robert
	Signature of a member or authorized representative of a member
	Heath Dallas Reuben Rutledge-Jukes, MEMBER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00