LZ0000294001

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2021 JAN 29 AN 6: 49

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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	J & G	Group LLC					
300gret	Name of Lin	nited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.					
Please return all corre	spondence concerning this matter	to the following:					
		Shirley Campbell					
	Name of Person						
	Safeguard Multi Services Global LLC						
	Firm/Company						
	517 Maricopa Dr						
Address							
		Kissimmee, FL. 34758					
	-	City/State and Zip Code					
		timeShirley@gmail.com to be used for future annual report no	otification)				
For further information	on concerning this matter, please c	•					
SHirley Campbell		407 259-2901					
Name of Person		at () Area Code Dayti	me Telephone Number				
Enclosed is a check for	or the following amount:						
□ \$25.00 Filing Fee	≘ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address: Registration Section		Street Address: Registration S	Section				
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	1 & G G	roup LLC	2021 JAN 29	AH 6: 50
(Name of the Limite	d Liability Compa A Florida Limited	any as it now : Liability Comp	appears on our record	<u>ds.</u>)
The Articles of Organization for this Limited Lic Florida document number <u>L20000294001</u>		were filed o	on <u>09/23/2020</u>	t, and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liah	oility compa	ny here:	
King	Of Lanes LLC			
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company.	" the designation "LLC	O" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		511 Field	Stream Blvd	
(Principal office address MUST BE A STREET ADDRESS)		Orlando, I	FL. 32825	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	<u>BOX)</u>			
				
B. If amending the registered agent and/or re agent and/or the new registered office address	*, *	address on	our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:	Luis James			
New Registered Office Address:	511 Field Strea	ım Blvd		
non regarded or or section.		Ent	er Florida street addre	NS.
	Orlando		F	lorida ³²⁸²⁵

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.

City

Zip Code

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	2021 JAK 29 AM 6: 49	Type of Action
MGR	Steve Martin	981 Dekleva Dr		_ ≣Add
		Apopka, FL.32712		_ _ □Remove
				_ □Change
	1415-11			_ 🗆 Add
				_ □Remove
				_ 🗆 Change
				_ □Add
				_ □Remove
				_ 🗆 Change
				_ 🗆 Add
			. ,	_ □Remove
				_
				_ 🗆 Add
				_ □Remove
				_ □Change
				_ 🗆 Add
				Remove
				□Change

Typed or printed name of signee