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SECRETARY OF STATE
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SECRETARY OF SECRETA

## **COVER LETTER**

TO:

TO:	Registration Sect Division of Corpo						
SURII	ECT:		KING C	OF LANES LLC			
SUBJI			Name of Lim	ited Liability Comp	any		
The en	closed Articles of A	mendment and	fee(s) are sub	mitted for filing.			
Please	return all correspond	dence concernir	ig this matter	to the following:			
		LOUIS JAM	ES				
				Name of Per	rson		
		KING OF LA	NES LLC				
				Firm/Comp	any		
		511 FIELD S	TREAM BLV	٧D			
				Address			
		ORLANDO,	FL 32825				
				City/State and Z	ip Code		
		LSTYLES407	-	OM to be used for future	annual report no	tification)	
For fur	ther information cor	cerning this m	nter, please c	all:	·		
LOUIS	S JAMES			407	489-5037	7	
	Name of I	erson		at ( Area Co	ode Dayti	me Telephone Number	<del></del> -
Enclos	ed is a check for the	following amo	μnt:				
<b>■</b> \$2	5.00 Filing Fee	☐ \$30.00 Fili Certificat	ng Fee & e of Status	S55.00 Fili Certified C		Certified (	of Status &
	Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations		R D T 2	treet Address: Registration S Division of Co The Centre of 415 N. Mont Tallahassee, F	orporations Tallahassee oo Street, Suite 81	0

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KING OF LANES LLC
(Name of	the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	(A Florida Limited Liability Company)
The Articles of Organization for this Li	imited Liability Company were filed on and assigned and assigned
Florida document numberL2000029	
This amendment is submitted to amend	
A. If amending name, enter the new	name of the limited liability company here:
The new name must be distinguishable and con	rain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, i	if applicable:
(Principal office address MUST BE A	1
Trincipal Office address in OST DE A	STREET ADDRESSY
Enter new mailing address, if applica	able:
(Mailing address MAY BE A POST O	FFICE BOX)
B. If amending the registered agent a	and/or registered office address on our records, enter the name of the new registered
agent and/or the new registered office	
Name of New Registered Age	 ent:
-	
New Registered Office Addre	Enter Florida street address
	Emer Piorida Street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if ch	nanging Registered Agent:
provisions of all statutes relative to t accept the obligations of my position	egistered agent and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S. Or, if this document is a in the registered office address, I hereby confirm that the limited liability of this change.
	1

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) as	thorized 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
MGR	STEVE MARTIN	981 DEKLEVA WAVY LEAF CT	□ Add
		APOPKA, FL 32712	■Remove
			□ Change
MGR	MARIANA JAMES	511 FIELD STREAM BLVD	
		ORLANDO, FL 32825	Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Add
		<u> </u>	□Remove
			Change
<del></del>			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□Change

). If ame	nding any other informati	on, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the decrive date is listed, the date must. If the date inserted in this blocent's effective date on the Deput.	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( ck does not meet the applicable statutory filing requirements, this date will not be listed as th
f the record ecord is file		date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	OCTOBER 5	2022
Dailed _		us tomes
	S	ignature of a member or authorized representative of a member
		LOUIS JAMES

Filing Fee: \$25.00