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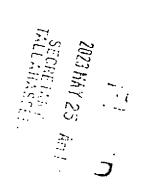
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## **COVER LETTER**

Division of Corporations	t.	•
	authing LLC	
Name of I	Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are s	·	
Please return all correspondence concerning this mat	ter to the following:	
KESH	AMA POWELL Name of Person	
HAILT	THE KING CLOTHI	NG UC
	173rd TERRACE	<del></del>
miam, 61	City/State and Zip Code	49
HAIL THEKIN E-mail addres	JG CWTHNG @ 6m.	AL. Cem
For further information concerning this matter, please	e call:	
Name of Person	at (1816) 925 - 4 Area Code Daytime To	clephone Number
Enclosed is a check for the following amount:		
□ \$25.00 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 Address:  Davistration Soution	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L2 17700 245625 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
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(If an effecti Note: If	date, if other the date is listed, the the date inserted in the date of the da	date must be spo 1 this block do	ecific and co	annot be prior	cable statut	iling or more tory filing re	than 90 days at	otional) der filing.) Purs his date will	uant to 605.0207 (3) not be listed as the
he record s ord is filed.	pecifies a delayed	effective date,	but not ar	n effective t	ime, at 12:	:01 a.m. on t	he earlier of:	(b) The 90t	h day after the
Dated	MAY	20		2023 2s.h	Du	e U	)		
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Filing Fee: \$25.00