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(Requestor's Name)
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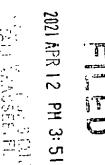


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> MAY 28 2021 I ALBRITTON

COVER LETTER

Division of Corpo	orations		
McKenzie Or	nline Store LLC		
SUBJECT:			<u></u>
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Emmitt McKenzie III		
		Name of Person	
	McKenzie Online Store LLC	C	
		Firm/Company	
	891 Pipers Cay Dr		
	199	Address	
	West Palm Beach FL.33415		
		City/State and Zip Code	
	E-mail address: (to	be used for future annual report notifi	cation)
For further information cor	ncerning this matter, please cal	Ī:	
Emmitt McKenzie III		561 6123399	
Name of 1	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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**

McKenzie Online Store LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appe imited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Cor Florida document number	npany were filed on	and assigned	
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company I	here:	
McKenzie Innovations LLC			
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u>(SS)</u>		7 - 71
			70 mm — 21 mm
Enter new mailing address, if applicable:			Service P. S.
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			_
3. If amending the registered agent and/or registered o	office address on our	records, enter t	he name of the new regist
Name of New Registered Agent:			
Name of New Registered Agent:			
	Enter Fl	orida street address	
Name of New Registered Agent:	Enter Fl	lorida street address	rida

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, 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	Emmitt McKenzie III	891 Pipers Cay Dr	
		West Palm Beach FL, 33415	□ Rеточе
			Change
			□ Remove
			☐ Change
			□Add
			□Remove
			□Change
			
			□Remove
			Change
			□Remove
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fectiv	ve date, if other	than the date o	of filing:			_ (optional)	
<u>ote:</u> l	If the date inserte	the date must be spe d in this block do e on the Departm	es not meet the a	applicable statuto	ing or more than 90 c ry filing requireme	lays after filing.) Pursuan ents, this date will not	it to 605,0207 (be listed as t
ecord is file	l specifies a delay ed.	ed effective date,	but not an effect	tive time, at 12:0	1 a.m. on the earli	er of: (b) The 90th d	ay after the
	1- 1						
ited _	April (2	, <u>206</u>	21	>		
			MA	7.11			
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Typed or printed name of signce