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COVER LETTER

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Tallahassee, FL 32314

TO: Registration Sec Division of Corp		
cuntres.	U. S. A.	NIMATION, LLC
SUBJECT:	Name of Limite	ed Liability Company
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.
Please return all correspor	ndence concerning this matter to	the following:
	ART	A 1 R 1 S
		Name of Person
	1610	VESTONE MEDIA GROVE INC.
	1330 Cm	hiten's Blod. Ste. 701
		Address
	Lecobur	City/State and Zip Code
	E-mail address: (to	be used for future annual report notification)
For further information co	oncerning this matter, please cal	1:
ART	AYNIS	at (352) 261-4529 Area Code Daytime Telephone Number
Name of	Person	Area Code Daytime Telephone Number
Enclosed is a check for th	ne following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:
Registration S Division of C		Registration Section Division of Corporations
P.O. Box 632	=	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF	FILED
(Name of the Limited Liability Company	2024 DEC -9 PM 4: 10 vas it now appears on our records.)
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)
The Articles of Organization for this Limited Liability Company with the Florida document number \(\frac{\mathcal{L} 20000 39671.7}{\text{20000 39671.7}}	vere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
KINGSTONE + LL	<i>U</i>
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	161N6 570NE
(Principal office address MUST BE A STREET ADDRESS)	1830 Cimcen's Buslevard - Ste. 70 Lees burg, Fr. 34748
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	NO CHANBE
B. If amending the registered agent and/or registered office as	ddress 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 Office Address:	Enter Florido streat address

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

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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			☐ Change
			□Add
		· 	□Remove
		·	□Add
			Remove
			□ Change
			🗖 Add
			Remove
			Change
			□Add
			□Remove
			□Change

If amending	any othe	r information, enter c	hange(s) here: (Attach additio	nal sheets, if necessary.)	
,	NO	CHANGES	0714612	THAN	NAME.	_
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mer 4 . J.		than the date of fili	ng:		(optional)	
(If an effective d Note: If the	ate is listed date insert	er than the date of filit, the date must be specific a ted in this block does not ate on the Department of	nd cannot be prior to t meet the applicab	date of filing or m le statutory filin	ore than 90 days after filing.) g requirements, this date w	Pursuant to 605.0207 (rill not be listed as t
ne record speci ord is filed.	ifies a dela	ayed effective date, but n	ot an effective tim	e, at 12:01 a.m.	on the earlier of: (b) The	90th day after the
Dated/	VOVE	1BER 23	, 2024	. ·		
		Par A	Jmi		e of a member	
_		Signature of	a member or author	ized representative	e of a member	
		Ant	A. AYR	2/5		
_	<u></u>	/1 /	Typed or printed	name of signee		

Filing Fee: \$25.00