L21000013015

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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	HOOD KING LLC (CORPORATE NAME AND DOCUM	1ENT #)
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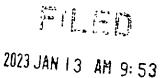
TO: Registration S Division of Co			
SUBJECT: Hood K	ing LLC		
	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Valerie Dean		
	· ·-	Name of Person	
	Regisered Agent /	Hood King LLC	
		Firm/Company	
	5647 West McNab	Road	
		Address	
	North Lauderdale,	FL 33068	
		City/State and Zip Code	
	Thehoodking1@g	-	
	E-mail address:	to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	ull:	
Valerie De	a n	at (954) 478-4994	
Name c	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
		These on titles the R	□ \$40.00 tilling line
S25 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:

Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Hood King LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/11/2021 and assigned Florida document number L21000073015 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 "LLC" 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 Office Address: Enter Florida street 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.

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

Title	Name	Address	Type of Action
MGR/Owner	Vanessa Sthilaire	5647 West McNab Road North Lauderdale, FI 33068	I Add
		Valene Dean	₩ Remove
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E. Eff	fective date, if other than the date of filing:	(optional)	
(Ifai	n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da ite: If the date inserted in this block does not meet the applicable statutory filing requiremen	ys after filing.) Pursuant	to 605.0 ne listed
	cument's effective date on the Department of State's records.		
	record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	:01 a.m. on the	earlier
	·		
Dai	ted January 13 2023		
Dai	1ed January 13 , 2023		

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Filing Fee: \$25.00