Division of Corporations

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From:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KJ CARDS AND COLLECTIBLES, LLC

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## **COVER LETTER**

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SUBJECT: _		Name of Limi	ited Liability Company	
		mendment and fee(s) are sub-		
Piease return al	i correspon	dence concerning this matter to Mike Town	to the following:	
			Name of Person	<del></del>
		Legalzoom.com, Inc.		
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		9900 Spectrum Dr		
			Address	<del></del>
		Austin, TX 78717		
		kjeardsandcollectibles@gm		
		E-mail address, ()	o be used for future annual report notific	cation)
For further info	rmation cor	occrning this matter, please ca	II:	
Mike Town			800 773-0888	
	Name of I	Person	at ()	Telephone Number
Enclosed is a cl	heck for the	following amount:		
□ \$25,00 Filia	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2061 Executive Center Circle Tallahassee, FL 32301 To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KI CARDS AND COLLECTIBLES, 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  $\frac{63/31/2021}{1}$ \_\_\_\_\_ and assigned Florida document number  $\frac{1.21000149705}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Venu Store Collectibles LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2444 Greenwillow Dr., Enter new principal offices address, if applicable: Orlando, FL 32825 (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 , Florida 🚬

## 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 filled to merely reflect a change in the registered office address. Thereby 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:		FILED		
MGR = Manager AMBR = Authorized Member			2024 DEC 17 PM 2 =		
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