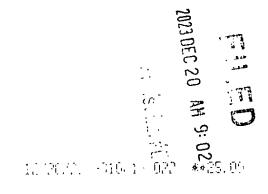
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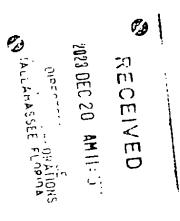
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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COVER LETTER

ΓΟ: Registration So Division of Co				
SUBJECT:	Kingmin (Stroup LLC ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Ashle	y Coleman Name of Person		2023 DEC 20 AH 9: 02
	2841 N	Firm/Company Morroe St = Address	H 1108	
	_ tallaha	Ssee F1 3230 - City/Stale and Zip Code	3	2
For further information	E-mail address: () concerning this matter, please ca	to be used for future annual report notifull:	ication)	
Name	of Person	at ()	e 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)	S60.00 Filing Certificate of Certified Cop (additional copy	Status & Oy
Mailing Addre		Street Address: Registration Sec	ction	

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

	roup LLC
(<u>Name of the Limited Liability Con</u> U (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing document numberL_AIDOO15 TILL This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2241 N Monroe Street
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
	aralyn Rosser
New Registered Office Address:	241 N Monroe St # 1108 Enter Florida street address
Ta	Mahalsee Florida 32303 Zip Code

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.

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	<u>Address</u>	Type of Action
NGR	Saraly o Rosier	2241 N Monroe St #1108	A dd
		Tall F1 32303	□Remove
			□Change
			□ Add 1073 UEG 20 MM 9: 02
			□Change
			Remove
			Change
			□Add
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e ctive da reffective d	te, if other than late is listed, the dat	e must be specific	ing; and cannot be pri	or to date of filing o	or more than 90 days	optionar) s after filing.) Pur	suant to 605.0207
	ffective date on t				iling requirement	s, this date will	not be fisted as t
cord speci s filed.	ities a delayed eff	ective date, but r	ot an effective	time, at 12:01 a.	m, on the earlier o	of: (b) The 90	th day after the
.ed	December	<u> 50</u>	_,202	<u>3</u> .			
		1	_				
_	·	Signature of	a member or au	thorized representa	tive of a member		

Filing Fee: \$25.00