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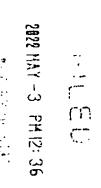
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming officer.





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JUN 2-1 2022 M. SOLOMON

FO: Registration Section Division of Corporations		÷	• •	.	
SUBJECT: DUJ (DUT UYE	me of Limited L	Ciability Company		<u>;</u>	*
The enclosed Articles of Amendment and fee(s) are submitte	ed for filing.			
Please return all correspondence concerning the	is matter to th	e following:			
<u>Dajar</u> Daj Cu	<u>n Brou</u> Uture	Name of Person			
3180	NW L	Firm/Company St Sty4 Address	eet		
Fort Laud Dajahb	rowni	ity/State and Zip Cod	3309 ah 00 .C	OM	en
For further information concerning this matte	r, please call:				1.55 2.55
Dy Ch Blown Name of Person		at (154) Area Code	540 - Daytime Tel	§532 Iephone Number	
Enclosed is a check for the following amount \$\int \text{\$\sum_{\text{S25.00}} \text{Filing Fee}} \text{\$\sum_{\text{\$\sum_{\text{S30.00}} \text{Filing}} \text{Certificate o}}}	Fee &	☐ \$55.00 Filing Fe Certified Copy (additional copy is)		S60,00 Filing Certificate Certified Co (additional cop	of Status & Opy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Regis Divis	Address: stration Section ion of Corpor Centre of Talla	rations	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dai Couture LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000173191</u> .	were filed on APILIH,	2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab KINGOM MOVEMENT L.L.C The new name must be distinguishable and contain the words "Limited Liabiletics of the limited l		.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		2822
	1	2 MAY
Enter new mailing address, if applicable:	N/A	$\frac{1}{2}$ $\frac{\omega}{2}$ $\frac{\omega}{2}$
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		12: 2: 2: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A Enter Florida street addr	ress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 ompany 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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