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## **COVER LETTER**

Division of Co	rporations		
subject: XO	TIC KING? Name of Lim	Zited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LeTeash	Hame of Person	
	XOTIC KI	NGZ Firm/Company	
	1139 Web	Ster Dr. Address	
	pensacola	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	
	leteash have E-mail address: (1	ris Quaho - co	tification)
For further information of	oncerning this matter, please ca	all:	
LeTcash h	ACUNIS f Person	at ( <u>850)</u> <u>4 85</u> Area Code Daytii	- 864 6 me Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

20223444

1811-7

	30 L		2023	<u> MAI 31 AH 9: 04 </u>
( <u>Name of the Limited</u>	<u> 1 Liability Compa</u> A Florida Limited	ny as it now appears of Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia	bility Company	_	TA	and assigned
Florida document number <u>L 21 00034</u>	<u>6044</u>			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited ligb	ility company here	:	
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	1139 We	oster Dr	ive
(Principal office address MUST BE A STREET	ADDRESS)	pensaco	1a FL 32	505
Enter new mailing address, if applicable:			<del></del>	
(Mailing address MAY BE A POST OFFICE B	(OX)			
				-
B. If amending the registered agent and/or re	gistered office :	address on our rec	ords, <u>enter the na</u>	ne of the new register
agent and/or the new registered office address	here:			
		, ,		
Name of New Registered Agent:	leleas	in Harris	· <u> </u>	
New Registered Office Address:	1139 V	Jebster D	Y C	
			i sireet aaaress	
	Persac		, Florida _	32505
		City		Zip Code
New Registered Agent's Signature, if changing Re	egistered 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 *	<u>Name</u>	Address	Type of Action
MGR	Deanya walton	6615 Stuart Ave	Z∕Add
		Jucksonville, FL 325	□Remove
		<del></del>	□ Change
			□Add
			□Remove
			□Change
		□Add	
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(If an eff Note:	ve date, if other than the date of filing:
the record ecord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	May 26 2023
	Signature of a member or authorized representative of a member
	LeTeash Hams Typed or printed name of signee