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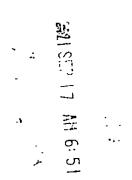
(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	<del>≥</del> #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SHRIFCT	KINGSWAN	GROUP 8 LLG	i i
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	MARIA	FODOR Name of Person	<u></u>
		DAY GROUP 8 Firm/Company	11C
	7738	SE KINGSWAY	ST
	HOBE.	SOUND FL, US City/State and Zip Code	33455
	E-mail address: (	to be used for future annual report notific	L. COM
For further information of	oncerning this matter, please ca	atl:	
MARIA FO	DOR	at ( <u>772</u> ) <u>307</u> Area Code Daytime 1	2963
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	S30.00 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 Addres	is:	Street Address:	

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

KINGS	SWAY (	FROUP 8	MZZC17 A	VI 6: 51	
				q .	
The Articles of Organization for this Limited Li. Florida document number2003723	ability Company 44 <u>482</u>	were filed on <u>f</u>	lug, 26, 2	O21 and assigned	
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the wo					
The new name must be distinguishable and contain the wo	ords "Limited Liabi	,			
Enter new principal offices address, if applica	able:	$-\omega/A$			
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office			name of the new registe	
Name of New Registered Agent:	<u>N/A</u>		<del> </del>	<del></del>	
New Registered Office Address:	N/A	11 11	ida street address		
		Enter Flori	da street adaress		
		City	, Florida	Zip Code	
New Registered Agent's Signature, if changing B	Registered Agent:	·		2245 5, 1000	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the t company has been notified in writing of this	d agent and agr er and complete stered agent as registered office	ree to act in this con performance of provided for in C	my duties, and La Chapter 605, F.S. (	nm familiar with and Or, if this document is	he

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
AMBR	MARIA FODOR	7738 SE KINGWAY S	<u>√</u> MAdd
			Remove
			□Change
			☐ Add.
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			Change

	<u> </u>
21/4	**************************************
10/11	
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ve date, if other than the date of filir	ng: (optional) nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed
ent's effective date on the Department of	State's records.
I specifies a delayed effective date, but no	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed.	
SEPTEMBER 11	2021
Signature of a	a member or authorized representative of a member
-	U
	MARIA FODOR Typed or printed name of signee
<del></del>	Turned or printed same of sugara