L21000427484



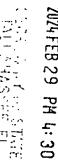
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to f	Filing Officer:	
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COVER LETTER

	egistration Se Pivision of Cor			
SUBJECT	KPOPWEL	LL, LLC		
JOBSE .	··	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	-	
		MANDI CLAY, ESQ		
			Name of Person	
		THREE THIRTEEN LAV	V, PLLC	
			Firm/Company	<u> </u>
		5408 BRUTON RD.		
			Address	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		PLANT CITY, FL 33565		
			City/State and Zip Code	
		mandi@threethirteenlaw.co		
			to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please c	all:	
Mandi Cla	у		813 999-5071 at ()	
	Name of	f Person	at (at (Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
R D P.	ailing Address egistration S ivision of Co O. Box 632' allahassee, F	ection orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 2	orations Illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KPOPWELL, LLC	
(Name of the Limited Liability Company as it r (A Florida Limited Liability Company)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number L21000427484	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	nnany here
BLACK ICE ALIGN, LLC	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	and and an early latter to the control of the contr
(Principal office address MUST BE A STREET ADDRESS)	22
Enter new mailing address, if applicable:	29
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Parisonal A	
Name of New Registered Agent:	
New Registered Office Address:	
Ĕ	inter Florida street address
	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code
I hereby accept the appointment as registered agent and agree to act to provisions of all statutes relative to the proper and complete performa accept the obligations of my position as registered agent as provided fineing filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	ince of my duties, and I am familiar with and

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
			Петоvе
			Change
			□Add
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the De	date of filing: be specific and cannot be procked does not meet the appropriate of State's recon-	or to date of filing or m licable statutory filing	(options we than 90 days after fili g requirements, this da	il) ng.) Pursuant to 605.02 ite will not be listed :
document's effective date on the De	partment of State's record	.		
e record specifies a delayed effective rd is filed.	e date, but not an effective	: time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
February 29	2024			
Dated	2///	 ·		
	Signature of a member or as	thouland manning	of a member	

Filing Fee: \$25.00