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To:

Division of Corporations

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From:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KING TROY ECCOMERCE LLC

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COVER LETTER

TO:	Registration Se Division of Cor				
CUBI	non.		Y ECCOMERCE LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
riease	return an correspo	-	to the following.		
		LOVETTE DOBSON			
			Name of Person		
			Firm/Company		
		17350 STATE HWY 249			
			Address		
		HOUSTON, TX 77064			
		EFILE1234@INCFILE.CO	City/State and Zip Code M		
		F-mail address: (to be used for future annual re	port sotification)	
For fu	rther information c	oncerning this matter, please c	all:		
LOVETTE DOBSON			8884 at ()		
	Name o	f Person	Area Code	Daytime Telepho	ne Number
Enclos	sed is a check for ti	ne following amount:			
≡ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	\$4-W 4.43		Common to du	Luana.	

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

KING	TROY ECCOMERCE LLC	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability of Florida document number L21000442022	Company were filed on 10/11/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
KING TROY E-COMMERCE LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the	te abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		∵ -
New Registered Office Address.	Enter Florida street address	2023
	, Florida	Zin Code
New Registered Agent's Signature, if changing Registere	•	. 9 .
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in this capacity. I further complete performance of my duties, and I a agent as provided for in Chapter 605, F.S. (red office address, I hereby confirm that the	im familiar with and Or if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
		 	Remove
			Change
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record specifies a delayed effective Listified.	date, but not an el	ffective time.	at 12:01 a.m. c	on the earlier of: (l). The 90th day af	ter the
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