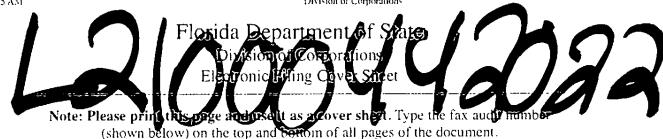
11/7/24, 8:25 AM

Division of Corporations



(((H24000370932 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC

Account Number : I20220000070

Phone : (888)462-3453

Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future: Tannual report mailings. Enter only one email address please.\*\*

efile1234@incfile.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KING TROY E-COMMEDCE:

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

## **COVER LETTER**

TO:	Registration Se Division of Cor			(((H24000370932 3)))
		, KING TROY		
SUBJE	:C1:	Name of Lim	ned Liability Company	
		Amendment and fee(s) are sub		
		LOVETTE DOBSON		
			Name of Person	<del></del>
		<u> </u>	Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	
		HOUSTON, TX 77064		
		efile1234@inefile.com	City/State and Zip Code	
For fur	ther information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report noti all:	lication)
	TTE DOBSON		1 (888) 462-34	153
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>≡</b> \$2.	5.00 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 Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sco Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000370932 3)))

is as it now appears on our records.) lability Company)		
were filed on 10/11/2021	and a	ssigned
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ty Company," the designation "LLC" or	the abbreviation "	L.L.C."
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	ty Company," the designation "LLC" of Later Florida street address  Enter Florida street address  Ctry	ddress on our records, enter the name of the n

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

11/8/2024 08:47:49 C5T Page: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H24000370932 3)))

MGR =	Manager
AMBR =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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NOVEMBER 07	·	_		
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