## K21000487415

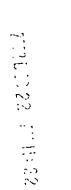
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Co			
SUBJECT: Kin	ia's Honor Ll		
	J Name of Lim	ited 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:	
	Gabrit	Pla Lynch Name of Person	
	<u>King's</u>	HONOY LLC Firm/Company	
	11300 Bea	ach Blvd. Address	
	Jacksonv	City/State and Zip Code Which a dog!	16
		City/State and Zip Code Which a dog to be used for future annual report notified.	
For further information c	concerning this matter, please ca	·	· -
Gabriela	Lynch of Person		- 84 68 e Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	\$\vec{N}\$ \$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)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

King's Hor	nor LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number 21000497415 This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited learner new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Liability Company," the designation "L.L.C."  11300 Beach Blvd.  SS) Jacksonville, FL 32246	- - -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11300 Beach Blvd Jacksonville, FL 3224	- م
B. If amending the registered agent and/or registered offagent and/or the new registered office address here:	ffice address on our records, enter the name of the new regist	ered
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	_
	, Florida	_
	City Zip Code	

## New Registered Agent's Signature, if changing Registered 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 🗆 Add
			□Remove
			□Change
			PEIAdd
			P⊞Add 
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			□Remove
			□Change

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and the second second	7 D
ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more:  If the date inserted in this block does not meet the applicable statutory filing iment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on filed.	•
d November 2. 2022  Signature of a member or authorized epresentative of	
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