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## **COVER LETTER**

SUBJECT:	FASIE 1 LL	С					
SUBJECT.		Name of Lim	ited Liability Company	<del></del>			
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		Erik Fitzgerald					
			Name of Person	<del>.</del>			
		FASIE I LLC					
	Firm/Company						
		10098 CAMELBACK LA	NE	ing.  of Person  Company  dress  and Zip Code  future annual report notification)  03 5718874  ea Code Daytime Telephone Number  Diffling Fee & S60.00 Filing Fee. Certificate of Status & Certificate of Status &			
			Address				
		BOCA RATON, FL 33498	3				
		erikfitzgerald@kingerik.com	City/State and Zip Code				
		E-mail address: (i	to be used for future annual report notifi	cation)			
For further in	nformation co	ncerning this matter, please ca	all:				
Erik Fitzgera	ald		203 5718874 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is a	check for the	e following amount:					
□ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			

Registration Section

**Division of Corporations** 

. TO:

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

FASIE LLLC

(Name of the Limited Liability Compar (A Florida Limited L	is as it now appears on our records.)  lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000506224</u> .	were filed on 11/29/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
KING ERIK L.L.C.	202°
he new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	
Maning address MAT BE A FOST OFFICE BOX	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	· · · · · · · · · · · · · · · · · · ·
hereby accept the appointment as registered agent and agreent rovisions of all statutes relative to the proper and complete coept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, if this document is

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