## L21000527964

(Re	questor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
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(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		•
	KEMARI LLC	,	•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	1
Please return all corr	espondence concerning this matter	to the following:	1
	SHANDELLE STEWAR	r	
		Name of Person	
	KING KEMARI LLC		
		Firm/Company	
	2681 RHONE WAY		
		Address	<del></del>
	MIRAMAR, FL 33025		
	INFO@KINGKEMARI.CO	City/State and Zip Code	
	E-mail address: (	(to be used for future annual repor	t notification)
For further informati	on concerning this matter, please c	rall:	
SHANDELLE STEWART		305 725226	8
Nai	ne of Person		aytime Telephone Number
Enclosed is a check t	or the following amount:		
■ \$25.00 Filing Fe	c □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division of P.O. Box	on Section of Corporations	The Centre	n Section Corporations of Tallahassee onroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KING KEMARI LLC

2023 JUN 22 AH 7: 59

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/15/2021 and assigned Florida document number  $\frac{L21000527964}{L21000527964}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 7900 OAK LANE SUITE 400 Enter new principal offices address, if applicable: MIAMI, FL 33016 (Principal office address MUST BE A STREET ADDRESS) 7900 OAK LANE SUITE 400 Enter new mailing address, if applicable: MIAMI LAKES FL 33016 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 7900 OAK LANE SUITE 400 New Registered Office Address: Enter Florida street address MIAMILLAKES

## 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 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
MGR	SYNSERE STEWART	7900 OAK LANE SUITE 400	■Add
		MIAMI LAKES FL 33016	□Remove
			□Change
MGR	ZAHIR STEWART	7900 OAK LANE SUITE 400	∄Add
		MIAMI LAKES, FL 33016	□Remove
		Change	
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	1	□Remove	
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ctive date, if other than the date of effective date is listed, the date must be speci	f filing: ific and cannot be prior to d	ate of tiling or more than 90	(optional) days after filing.) Pursuant to	605.0
e: If the date inserted in this block does ment's effective date on the Department.	s not meet the applicable	e statutory filing requirer	nents, this date will not be	listed
ment's effective date on the Departine	in of State s records.			
ord specifies a delayed effective date, b	out not an affective time	at 12:01 a m. on the ear	lier of: (b) The 90th day	after t
filed.	at not an enective time.	at 12.01 a.m. on the car	nor or, (b) The boarday	unier (
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Filing Fee: \$25.00