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(F	Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor		•	, v
SUBJECT: 3K	Way LLC Name of Lim	ited Liability Company	· <u>·</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Hodyes Name of Person	
	3K Way	Firm/Company	
	7734 Lee	Sburg DR S Address	
	Jacksonvale,	FL 32277 City/State and Zip Code Que 938 9mail. Com 8 be used for litture annual report not	5
	Lodges dominio	que 920 gmail. com)
For further information co	oncerning this matter, please c		11 C
Dominique Name o	Hodge 5	at (<u>904</u>) <u>314-5</u> Area Code Daytin	1.
Enclosed is a check for the	ne following amount:		
\ \$25.00 Filing Fee	☐ \$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 Address Registration S Division of C	Section orporations	Street Address: Registration Se Division of Con	rporations
P.O. Box 632 Tallahassee, I		The Centre of 7 2415 N. Monro	Tallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3K Wa	y LLC
(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $3/14/2022$ and assigned
Florida document number <u>L22000 136559</u>	
This amendment is submitted to amend the following:	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability co The new name must be distinguishable and contain the words "Limited Liability Com Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	F 29
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address 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 Coole
	•••

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>	<u>Name</u>	Address	Type of Action
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effective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after	ional) er filing.) Pu	irsuant to 605
e: If the date inserted in this block does not meet the applicable statutory filing requirements, the innent's effective date on the Department of State's records.	us date wi	ii not be liste
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d April 23 2023.		
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-Signature of a member or althorized representative of a member		