## 622000184188

(Re	questor's Name	)
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	·)
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
AUDIODR SUBJECT:	OME LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	-		
	Michael Dempsey			
		Name of Person		
	ZenBusiness Inc.			
		Firm/Company		~
	336 E College Ave, Ste 30	) I		22 SEP -1 PM 2: 01
		Address		1
	Tallahassee, Fl. 32301			PH
		City/State and Zip Code		2: (
	fulfillment@zenbusiness.co			2
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Michael Dempsey c/o Ze	enBusiness Inc.	844 493-6249 at ( )		
Name o	f Person		ie Telephone Number	_
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of Signature Certified Copy tadditional copy is	Status &
Mailing Addres		Street Address:	·	
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T	•	
Tallahassee, I			e Street Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUDIODROMETLC		
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (	Company were filed on 64/18/2022	and assigned
Florida document number <u>L22000184188</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Frankincense of Kings LLC		
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	
		1975 22
		£ €:
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<b>P</b> 46:
		2:
		0 -
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new regis
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	Chy	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 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

1417317	manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			☐Remove
			L Hari
			→ dd · · · · · · · · · · · · · · · · · ·
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannotote: If the date inserted in this block does not meet the ocument's effective date on the Department of State's	he applicable <i>s</i>	of filing or more natutory filing re	(option than 90 days after figurements, this	n <b>al)</b> iling.) Pursuant to date will not be	) 605,020 : listed a
record specifies a delayed effective date, but not an efficield.	fective time, at	12:01 a.m. on t	he earlier of: (b)	The 90th day	after the
August 26 20.	22				
/s/ Michael Shane Labarca Signature of a member					