

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
 Account Number : 110432003053  
 Phone : (561)694-8107  
 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**KJ CUSTOM PAINT AND BODY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 MAY 25 PM 4:36

2022 MAY 25 AM 8:57

APPROVED AND FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Kj Custom Paint and Body LLC

(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 05/20/2022 and assigned Florida document number L22000216602

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 "L.L.C."

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

Zip Code

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**New Registered Agent's Signature, if changing Registered Agent:**

*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



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. (Paragraph to 605-0307 (1)(b))*

*NOTE: If the date indicated in this block does not meet the applicable statutory filing requirement, this date will not be listed as the document's effective date on the Department of State's records.*

*If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.*

Dated May 25th 2022

*Jamil King*

Signature of a member or authorized representative of a member

Jamil King

Typed or printed name of signee

Filing Fee: \$25.00