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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIAMI BUSINESS SOLUTIONS, INC.

Account Number : I20170000045 Phone : (786)546-4490 Fax Number : (800)323-1074

\*\*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 PALLET KINGDOM LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

S. ROBERTS

JUN 1 4 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALLET KINGDOM LLC			
(Name of the Limited Liab) (A Florid	ity Company as it now appe a Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on _	05-27-2022	and assigned
lorida document numberL22000232476	<u> </u>		
his amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	ilted liability company l	<u>nere</u> :	
he new name must be distinguishable and contain the words "Lic	nited Liability Company," the	designation "LLC" or th	e abbreviation=L.L.C."
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·
Principal office addr <del>ess</del> MUST BE A STREET ADD	RESS)		<u>.</u>
			<u>.</u>
nter new mailing address, if applicable:			<i>~</i> > ₩
Mailing address MAY BE A POST OFFICE BOX)			<b>نــ</b>
			···
	-	•	<del></del>
3. If amending the registered agent and/or registere	d office address on our	records, <u>enter the n</u>	ame of the new registe
gent and/or the new registered office address here:			
Name of New Registered Agent:			
	,		
New Registered Office Address:	Foras Fil	orida street address	
	Liner P k		
	City	, Florida	Zip Code
	J.,,		anjo tamb

## 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

Title	<u>Name</u>	Address	Type of Action
AMBR	CARLOS CONCEPCION	100 MAPLE AVE S	🗀 Add
		LEHIGH ACRES, FL 33936	≅Remove
			Change
			□Add
		<del></del>	□ Change
			□Add
			□Remove
			☐ Change
			□Add
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			Change

11 Tunc	nding any other information, enter change(s) here: (Attach additional sheets, if necessary)
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otei II	c date, if other than the date of filing:  (optional)  tive that is listed, the date must be specific and counts be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be listed as at a offsetive date on the Department of State's records.
	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
ecard : Is filed	pecifics a delayed effective rate, within an effective and effective and effective and effective rate.
	JUNE 12 2023
100	
ned	Manager and Manager
ned	Signature of a member or authorized/representative of a member

Filing Fee: 525.00