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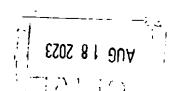
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COVER LETTER

Division of Cor		•	•
SUBJECT:	stail Kings	211 =	
	Name of Lix	ulyd Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sachara	McClain Name of Person	
	Detail	Kings Lil	
	584 MM	Ago Court	
	Part St.	City/State and Zip Code	190
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c		~ \ ~ \
Name o	f Person	at (<u>TT&)</u> <u>S&D</u> - Area Code Daytim	e Telephone Number
Enclosed is a check for the	nc following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Betwilliam is elektronic			

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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				
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) 5814 NW AROO Ct.				
Pat St. Visie, FV. 349810				
the state of the s				
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: Wasser G. McClair				
New Registered Office Address: 5814 MD Ago Court Enter Floring street address				
Port A. Luce Florida 34986 City 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 AMBR = Authorized Member Title Name Address Type of Action P Batara McClain Port St. Lucie FL. 349940 Premove Mosen G. McClain 5814 NW Argo Ct DAdd Port St. Lucie, FL 34986 | Remove ______ □Change O Brandon Pichett DATES S.W. Balliano Road DAG Pat St. Wie FL, 34987 - Remove ____ □Change ____ Change _____ Remove

______ Change

Effective date, if other than the date of filing:		ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Dated Awah W		
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Signature of a member or authorized representative of a member	Dated	Augst 14 2023
Signature of a member of authorized representative of a member		MODINI MICHOLA
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00