

L230000 70181

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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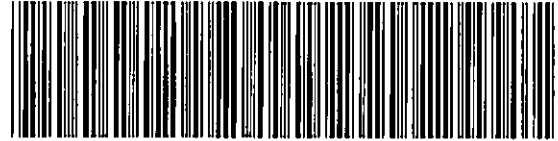
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PORT KINGS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SARANSH SHARMA
Name of Person

SFT GROUP INC
Firm/Company

700 S ROSEMARY AVE, STE 204
Address

WEST PALM BEACH, FL 33401
City/State and Zip Code

info@sftgroup.ai
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARANSH SHARMA at (917) 528-0694
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|--|--|

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**

PORT KINGS 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 02/07/2023 and assigned Florida document number L23000070191.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~PORT KINGS~~ FLOBUX LLC

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)

700 S ROSEMARY AVE

STE 204

WEST PALM BEACH, FL - 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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:

SARANSH SHARMA

New Registered Office Address:

700 S ROSEMARY AVE, STE 204

Enter Florida street address

WEST PALM BEACH, Florida 33401

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|----------------------------------|--|
| <u>AMBR</u> | <u>SHARMA, SARANSH</u> | <u>1563 CAPITAL CIRCLE SE</u> | <input type="checkbox"/> Add |
| | | <u>STE 502</u> | <input checked="" type="checkbox"/> Remove |
| | | <u>TALLA HASSEE, FL 32301</u> | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>SHIVDASANI, ARPANA</u> | <u>700 S ROSEMARY AVE</u> | <input type="checkbox"/> Add |
| | | <u>STE 204</u> | <input type="checkbox"/> Remove |
| | | <u>WEST PALM BEACH, FL-33401</u> | <input checked="" type="checkbox"/> Change |
| <u>AMBR</u> | <u>SFT GROUP INC</u> | <u>700 S ROSEMARY AVE,</u> | <input type="checkbox"/> Add |
| | | <u>STE 204</u> | <input type="checkbox"/> Remove |
| | | <u>WEST PALM BEACH, FL-33401</u> | <input checked="" type="checkbox"/> Change |
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(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 (3)(b)

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.

06/08/2024



Signature of a member or authorized representative of a member

ARPANA SIVUDASANI

Typed or printed name of signee