L23000096945

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(2222			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



100410944661

06/26/23--01014--022 **25.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kings Drive LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>02-23-2023</u>	and assigned
Torida document number 1.23000096945		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		1666
Principal office address MUST BE A STREET ADDRESS)		سيد ا
		
nter new mailing address, if applicable:		<u> </u>
		• •
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	la
	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>	Address	Type of Action
AMBR	Asha Reyes	626 SW 14th Ave	□Add
		Apt. 108	□Remove
		Fort Lauderdale, FL 33312	≡ Change
			□Add
			□Remove
			☐Change
			⊟Add
			□Remove
			☐ ☐ Chànge
			□Add
			□Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, 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 ____ 2023 /s/ Asha Reves Signature of a member or authorized representative of a member Asha Reyes

Filing Fee: \$25.00

Typed or printed name of signee