L230001013-76

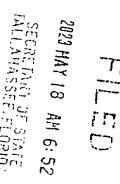
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT MA	IL.
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	
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A. RIVERS
JUL 1 7 2023

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

Enrich The	People, LLC		
SUBJECT:	Name of Lim	ited 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:	
	Terrell Cain		
		Name of Person	
		Firm Company	
	1400 s. Broadway, Apt 20	7	
		Address	
	Lantana, Florida 33462		
	tyeunchained@gmail.com	City State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
terrell cain		501 507-3769 at ()	
Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Se	ection
Division of C	Corporations	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ennch The People, LLC.		
(Name of the Lim	ited Liability Company as it now appears on our re (A Florida Limited Liability Company)	rcords)
The Articles of Organization for this Limited I	Liability Company were filed on 02/27/2023	and assigned
Florida document number 1.23(00)101376	·	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
King's Professional Services, 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 office address if uppli	igubles.	
Enter new principal offices address, if appli		
<u>Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	EBOX)	
B. If amending the registered agent and/or	registered office address on our records, e	nter the name of the non-registered
ngent and/or the new registered office addre		
		LORET TO
Name of New Registered Agent:	Registered Agents Inc	18 T T T T T T T T T T T T T T T T T T T
New Registered Office Address:	7901 4th St N, STE 300	
-	Enter Florida street a	
	St. Petersburg	, Florida 33700 55 5
	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	Tye The Billionaire Limited Liabili	1309 coffen avenue ste 1200	■Add
		sheridan, Wyoming 82801	□Remove
		 	□Add
		□Remove	
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Note:	ive date, if other than the date of filing:
f the recordecord is fi	d 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 led.
Dated	
	1· ()

Typed or printed name of signee