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## COVER LETTER

TO:

TO: Registration Se Division of Cor				
King High	way 20, LLC			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Doug Marck			
		Name of Person		
	Doug Marek, P.A.			
		Firm/Company		
	101 Pugliese's Way, 2nd F	Floor		_
		Address	 بہ	(E.3)
	Delray Beach, FL 33444		· ·	2003 J. L.
		City/State and Zip Code		. 5
	accounting@puglieseco.com			
	E-mail address: (	to be used for future annual report notif	fication)	
For further information e	oncerning this matter, please c	all:		??
Doug Marek		561 454-1610 at ( )		
Name o	f Person		e Telephone Number	<del></del>
Enclosed is a check for th	ne 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 Certificate of Certified Coptadditional copy	Status & y
Mailing Addres		Street Address:		
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T		
Tallahassee, I	FL 32314	2415 N. Monros	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

King Highway 20, 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 April 14, 2023 \_\_\_\_ and assigned Florida document number 1.23000184883 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 unist 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) 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: New Registered Office Address: Enter Florida street address

## 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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an effective date is listed, the date n	aust be specific and	cannot be prior to	date of tiling or n	ore than 90 days aft	er filing.) Pu	suant to 605.0207
ote: If the date inserted in this ocument's effective date on the	Department of S	eet the applicantate's records.	de statutory filir	g requirements, th	us date will	not be listed as
record specifies a delayed effectis filed.	tive date, but not	an effective tim	e, at 12:01 a.m.	on the earlier of:	b) The 90	th day after the
April 20	·	2023	· ·			
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Typed or printed name of signee