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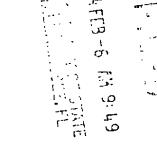
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COVER LETTER

TO:

	gistration Sec vision of Corp			
CUDIC CT.		DILWORTH, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		MARTHA REYES		
			Name of Person	
		KINGS HAY		
			Firm/Company	
		2650 NW 110TH Ave.		
			Address	
		Ocala, FL 34482		
			City/State and Zip Code	70 G
		kingshayfeed@gmail.com		
			to be used for future annual report notification)	
For further	information co	oncerning this matter, please ca	all:	-
Martha Rey	yes		352 216-6293 at ()	1911
	Name of	f Person	Area Code Daytime Telephone Number	
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
	ailing Addres		Street Address: Registration Section	
	egistration S ivision of C	orporations	Division of Corporations	
P.	O. Box 632	7	The Centre of Tallahassee	
Ta	allahassee, I	FL 32314	2415 N. Monroe Street, Suite 81	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KINGS & DILWORTH, LLC

company has been notified in writing of this change.

(Name of the Limited	d Liability Compa A Florida Limited	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L24000010623</u>		were filed on $\frac{0.1/0}{}$	3/2024 and assigned	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> ;	
The new name hust be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:	2650 NW 110th Ave.		
(Principal office address MUST BE A STREET		Ocala, FL 34482		
Enter new mailing address, if applicable:		2650 NW 110th Ave.		
(Mailing address MAY BE A POST OFFICE BOX)		Ocula, FL 34482		
B. If amending the registered agent and/or re- agent and/or the new registered office address		address on our rec	ords, enter the name of the new register	
Name of New Registered Agent:				
New Registered Office Address;	2650 NW 110tl	h Ave.		
- January Company		Enter Floria	a street address	
	Ocala		. Florida ³⁴⁴⁸²	
		City	, Florida 34482 Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper				

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

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	Name Scott Dilworth	Address 4007 McCullough Suite 472	Type of Action
		San Antonio TX 78212	————
			———— □Remove
			□ Change
			□Add
			——— □Remove
			——— Change
			OAdu ORempve
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			— DAdd
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			□Remove
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	02/02/2024			
ffective date, if other than the of an effective date is listed, the date must interest. If the date inserted in this bloocument's effective date on the De	be specific and cannot be prior to ck does not meet the applicab	date of filing or more than le statutory filing requir	(optional) 90 days after filing.) Pursuant rements, this date will not	to 605.0207 be listed as
record specifies a delayed effective Lis filed.	date, but not an effective time	e, at $12:01$ a.m. on the ϵ	earlier of: (b) The 90th do	iy after the
ated	2024	. ·		
Math	Signature of a member or authors	zed representative of a me	mber	
		zed representative of a me	mber	
MARTHA I 1	REYES Typed or printed			

Filing Fee: \$25.00