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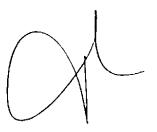
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Dertified Copies Certificates of Status
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FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE, FL 32309 (850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

Please use funds from account: I20210000160: \$25.00 Authorization Signature: 1 amorula **Business Name: King Lens Production LLC** L24000062046 **Document** # **Certified Copy** Certificate of Status **NEW FILINGS** & **AMENDMENTS** Profit Corp X Amendment Resignation / Dissociation Not for Profit ___Limited Liability Change of Registered Agent Dissolution for LLC Domestication Merger LLLP Articles of Conversion Corp Amended & Restated Articles of Incorporation Inc Other Statement of Correction **OTHER FILINGS** APOSTILLE(s) & Apostille(s) Foreign Filing LLC __Country(s) ___Reinstatement Qualification Fictitious Name

Annual Report

EXAMINER'S INITIALS:____

COVER LETTER

Registration Section Division of Corporations

TO:

King Lens	Production LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Daniel Decius		
		Name of Person	
	King Lens Production LL	С	- •
		Firm/Company	S T S
	425 Evergreen Dr		2
		Address	
	West Palm Beach Fl, 3340)3	R8-1251 Daytime Telephone Number & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ddress: ation Section on of Corporations entre of Tallahassee Monroe Street, Suite 810
		City/State and Zip Code	. 200
	kinglensbooking@gmail.co		
	E-mail address: (to be used for future annual report notif	ication)
or further information c	oncerning this matter, please c	all:	
aniel Decius		561 628-1251	
Name o	f Person	at () Area Code Daytime	e Telephone Number
closed 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)	Certificate of Status & Certified Copy
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	The Centre of T	porations allahassee
	· ·	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

King Lens Production LLC	
(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on 02/02/2024 Florida document number 1.24000062046	and assigned
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 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:	3 TI
Principal office address MUST BE A STREET ADDRESS)	
	(O)
	m. 6.
nter new mailing address, if applicable:	<u></u>
<u>Aailing address MAY BE A POST OFFICE BOX</u>	
If amending the registered agent and/or registered office address on our records, eent and/or the new registered office address here:	nter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street a	uddress
	_, Florida
City	Zip Code
Registered Agent's Signature, if changing Registered Agent:	

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and vpt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	I vpe of Action
MGR	Daniel Decius	425 EVERGREEN DR WEST PALM BEACH FL 33403	
			□Remove
			Change
			□Add
			□ Remove
			2021-BOV - IA AM
			PER DE Remove
			□ Change
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Effe	ctive date, if other than the date of filing: (optional)			
fan Not	ctive date, if other than the date of filing:	Pur: will	suant to not be	605.0207 listed as
doci	iment's effective date on the Department of State's records.			
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	: 90t	ıh day :	after the
d is	filed.			
lati	ed			
-au				