

L24000104127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

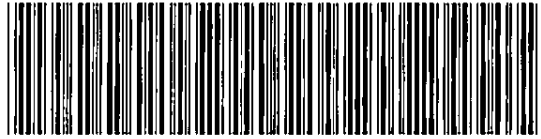
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2024 APR 17 PM 12:56

AB

L29000104127

TO: Registration Section
Division of Corporations

SUBJECT: KING KEN LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harold Sarcho
Name of Person

King Ken LLC
Firm/Company

240 NW 25th St Apt #817 Li
Address

Miami FL 33127
City/State and Zip Code

Businesskingken@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harold Sarcho at 570, 436-7505
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 3/4/24 and assigned
Florida document number 400422878684

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2024 APR 17 PM 12:56

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: (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

Florida

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

Title

Name

Address

Type of Action

AMBR Shannon McGovern 240 NW 35th St Miami FL,
Apt 817 33127 ☒ Add

_____ ☐ Change

_____ ☒ Add

_____ ☐ Remove

_____ ☐ Change

_____ ☒ Add

_____ ☐ Remove

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_____ ☒ Add

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_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

AMBR Dyrynz Cabreja

AMBR Nanbel Mercedes

AMBR Nicole Sotelo

AMBR Joshua Rabie

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Signature of a member or authorized representative of a member

Harold Sanchez

Typed or printed name of signee

