

L24000174062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

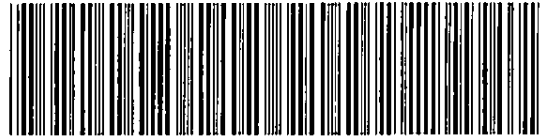
(Business Entity Name)

(Document Number)

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JUL -1 AM 10:27  
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STATE

RECEIVED  
2024 JUL -1 AM 11:13  
TALLAHASSEE, FLORIDA

R. HUNT

**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: 120210000160: \$25.00**

**Authorization Signature:** 

**Business Name:** KING MCM LLC

**Document #** L24000174062

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

**&**

**AMENDMENTS**

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ Corp

☐ Inc

☐ Other

☒ **Amendment**

☐ Resignation / Dissociation

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Amended & Restated Articles of Incorporation

☐ Statement of Authority

**APOSTILLE(s)**

**&**

**OTHER FILINGS**

☐ Apostille(s)

☐ Country(s)

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Fictitious Name

☐ Annual Report

**EXAMINER'S INITIALS:** \_\_\_\_\_

FILED  
2001-11-14 AM 10:27  
CLERK OF STATE  
TALLAHASSEE, FL

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KING MCM 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:

EQUAN SHABAZZ

Name of Person

Firm/Company

3012 REDLIVE OAKS DR SUITE #2

Address

ORLANDO FLORIDA 32818

City/State and Zip Code

XOTIC1121@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EQUAN SHABAZZ

407 8328891  
at ( )  
Area Code

Daytime Telephone Number

Name of Person

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2003-11-10 AM 10:27  
TALLAHASSEE, FL  
DIVISION OF STATE

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

KING MCM 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 04/12/2024 and assigned  
Florida document number 1.24000174062.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

XOTIC ENTERTAINMENT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

3012 REDLIVE OAKS DR SUITE #2

ORLANDO, FL 32818

**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:

EQUAN SHABAZZ

New Registered Office Address:

3012 REDLIVE OAK DR SUITE #2

*Enter Florida street address*

ORLANDO

Florida 32818

*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.*

*equan shabazz*

If Changing Registered Agent, Signature of New Registered Agent

If appending 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>	<u>Address</u>	<u>Type of Action</u>
CEO	EQUAN SHABAZZ	3012 REDLIVE OAKS DR SUITE #1	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MALACHI SHABAZZ	012 REDLIVE OAKS DR SUITE #1	<input checked="" type="checkbox"/> Add
		ORLANDO FLORIDA 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CONSTANT. MACKINSON	1101 KIMBALL DR	<input type="checkbox"/> Add
		OCOE, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Manoushka, Enelus Sudith	012 Redlive Oaks Dr.	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017  
JAN 11  
AIR OF STATE  
MISSISSIPPI  
AMID: 27  
Suite 1

