

L18000179402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

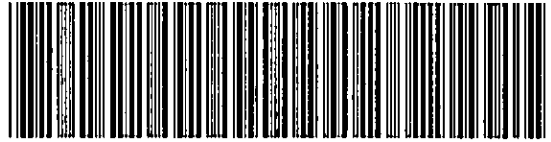
(Business Entity Name)

(Document Number)

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2022 SEP 16 AM 7:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

cf 12/10/2022

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KINGDOM BUSINESS DEVELOPMENT 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:

MELANIE INIGO

Name of Person

B9MIAMI

Firm/Company

825 BRICKELL BAY DR #948

Address

MIAMI FL 33131

City/State and Zip Code

MINIGO@BNINEMIAM.COM

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

For further information concerning this matter, please call:

MELANIE INIGO

786 678-9588

at ( )

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**

**FILED**

KINGDOM BUSINESS DEVELOPMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2022 SEP 16 AM 7:28

SECRETARY OF STATE  
TALLAHASSEE, FL  
07/26/2018 and assigned

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_

Florida document number L18000179402

This amendment is submitted to amend the following:

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

C8 INTERNATIONAL FREIGHT LLC

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:**

600 NW 32nd PLACE

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

APT 117

MIAMI FL 33125

**Enter new mailing address, if applicable:**

600 NW 32nd PLACE

**(Mailing address MAY BE A POST OFFICE BOX)**

APT 117

MIAMI FL 33125

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	C DE MORAIS, ANA ALICE	600 NW 32nd PLACE APT 117, MIAMI FL 33125	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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