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(Requestor's	s Name)
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(Address)	
(City/State/Z	(ip/Phone #)
PICK-UP V	VAIT MAIL
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Certified Copies Ce	ertificates of Status
Special Instructions to Filing Of	ficer:
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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Kingdom of Heaven Services, LLC Name of Limited Liability Company
O Plante of Entitled Elabitity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Orlando Hernandez Cotto
Holy Homes Development, LLC
128 Lily Ln.
Poinciana, FL 34759
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dhando Hernandez Cotto at 321, 424-4607
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 Certificate of Status Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kingdom of Heaver (Name of the Limited Liability Compan (A Florida Limited Liability)	Services LLC v as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L15000186565</u>	were filed on 11/03/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile HOLY HOMES DEVELOR The new name must be distinguishable and contain the words "Limited Liability"	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 17 MAY -3
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	nce address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	MA NA Enter Florida street address

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.

City

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** <u>Name</u> **Address** Type of Action □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add Remove ☐ Change

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n effective date is lis	ther than the date sted, the date must be sp	ecific and cannot be p	nior to/date of filing	or more than 90 days	optional) safter filing.)	Pursuant to 605.0	207
te: If the date ins ument's effective	erted in this block do date on the Departr	oes not meet the appendent of State's reco	olicable statutory rds.	filing requirement	s, this date w	vill not be listed	l as 1
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Filing Fee: \$25.00