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11 APR -4 PH 3: 13

T. HAMPTON

APR - 5 2011

EXAMNED

COVER LETTER

	Division of Corpo				
SUBJECT	΄ Γ:	119 PA	RTNERS, LLC		
	-	Name of Limi	ted Liability Company		
The enclos	sed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please retu	ırn all correspond	ence concerning this matter	to the following:		
			Darlene Watson		_
		Kii	ngdom Solutions, LLC Firm/Company		-
		11900	Biscayne Blvd., Suite	400	
			Address		P.
			Miami, Florida 33181 City/State and Zip Code		-
		darl	enewatson7@aol.com		
	-	E-mail address: (t	o be used for future annual report	notification)	
For further	information conc	erning this matter, please ca	all:		
		ne Watson	at (305)	933-0788	
	Name of Pe	rson	Area Code & Da	aytime Telephone Numbe	r
Enclosed is	s a check for the f	ollowing amount:	·		
\$25.00	Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certified	ate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION SECRETARY OF STATE OF ORGANIZATION OF CORPORATIONS

11 APR -4 PM 9-13

The Articles of Organization for this Limited Liability Company w Florida document numberL0500033449 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability The new name must be distinguishable and end with the words "Limited "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty company here:		LC" or the abbreviatio		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability. The new name must be distinguishable and end with the words "Limited "L.L.C." Enter new principal offices address, if applicable:	l Liability Company,				
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and end with the words "Limited" L.L.C." Enter new principal offices address, if applicable:	l Liability Company,				
The new name must be distinguishable and end with the words "Limited" L.L.C." Enter new principal offices address, if applicable:	l Liability Company,				
"L.L.C." Enter new principal offices address, if applicable:					
•					
(Principal office address MUST BE A STREET ADDRESS)					
		<u> </u>			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our	records, <u>enter th</u>	ne name of the nev		
Name of New Registered Agent: Eduardo Cova	arrubias				
New Registered Office Address: 11900 Biscay	11900 Biscayne Boulevard Suite 780				
	Enter	Florida street addr	ess		
Nor	th Miami	, Florida	33181		
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Address **Type of Action** Title 1 <u>Name</u> Kingdom Solutions, LLC MGR 11900 Biscavne Boulevard √ Remove Suite 400 North Miami, Florida 33181 Eduardo Covarrubias MGR 11900 Biscavne Boulevard **✓** Add Remove Suite 780 North Miami, Florida 33181 ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove 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 Wasene Was Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00