

L05000098640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUL 22 2008

EXAMINER



500133128355

07/21/08--01006--011 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUL 21 AM 10:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

KING & Associates 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:

OTELIA CAMPAS

(Name of Person)

KING & Associates LLC

(Firm/Company)

5805 Blue LAGOON DR. #165

(Address)

MIAMI - FL. 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Otelia Campas
(Name of Person)

at 305 269-8009
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$5.00 Filing Fee | <input type="checkbox"/> 30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUL 21 AM 10:05

KING & ASSOCIATES 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 10/6/2005 and assigned
Florida document number 205000098640

This amendment is submitted to amend the following:

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

n/a.

The new name must be distinguishable and end with 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)

5805 Blue Lagoon Drive
Suite # 165
Miami - FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5805 Blue Lagoon Drive
Suite # 165
Miami - FL 33126

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:

OFELIA CAMPOS

New Registered Office Address:

5805 Blue Lagoon Dr. #165

(Enter Florida street address)

Miami
(City)

Florida

33126
(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Otelia Campos	5805 Blue Lagoon Dr. #165 Miami - Fl. 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Nidia R. Reyes	3330 NE 190 St. #1710 Miami - Fl. 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Josef. G. G. G.	1627 Brice Ave. #601 Miami - Fl. 33129	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

July 18, 2008.

Signature of a member or authorized representative of a member

Nidia R. Reyes

Typed or printed name of signee