

LA5000098640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

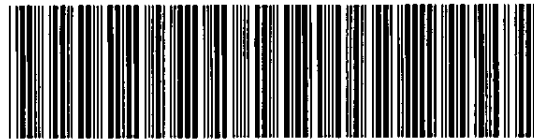
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## 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:

OFELIA CAMPOS

\_\_\_\_\_  
Name of Person

KING & ASSOCIATES LLC

\_\_\_\_\_  
Firm/Company

1865 BRICKELL AVE # A1114

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33129

\_\_\_\_\_  
City/State and Zip Code

ocampos@fieldsandassociates.net

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

For further information concerning this matter, please call:

OFELIA CAMPOS

305 372-8846

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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 L05000098640.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

1865 BRICKELL AVE # A1114

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

MIAMI, FLORIDA 33129

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

1865 BRICKELL AVE # A1114

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

MIAMI, FLORIDA 33129

**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:

1865 BRICKELL AVE # A1114

*Enter Florida street address*

MIAMI

Florida

*City*

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TALLAHASSEE, FLORIDA

**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>
MGR	OFELIA CAMPOS	1865 BRICKELL AVE # A1114	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JORGE A. GUANCHE	7515 SW 61 ST MIAMI, FL 33143	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	NIDIA R. REYES	7515 SW 61 ST MIAMI, FL 33143	<input type="checkbox"/> Add
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

IN THE EVENT OF THE DEATH OF ANY OF THE MEMBERS, SEE SPECIFICATIONS BELOW:

IN CASE OF JORGE A. GUANCHE (Authorized Member)'s death, all his percentage of ownership shall pass  
IMMEDIATELY TO OFELIA CAMPOS (MGR) AS 100% OWNER AND CONTROLLING ALL ASPECTS  
OF SAID LEGAL ENTITY.

IN CASE OF OFELIA CAMPOS (MGR)'s death, ALL HER PERCENTAGE OF OWNERSHIP AND CONTROL  
SHALL PASS IMMEDIATELY TO HER HEIRS AS FOLLOWS:

34% TO MONIQUE GUANCHE, DAUGHTER

33% TO LUIS M. CAMPOS, SON

33% TO MARIA V. NARANJO, DAUGHTER

--SIGNED THIS 11TH DAY OF MAY, 2018 AT MIAMI, FLORIDA BY OFELIA CAMPOS:



2018 MAY 14 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 11 2018

Signature of member or authorized representative of a member

OFELIA CAMPOS

Typed or printed name of signee