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(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
V.W.		
(City	//State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
Tim Gallie)GAVE	
AUTHORIZATION BY F	PHONE TO	
CORRECT 10 MOL	IM	
DATE 10-14-00	MICH	
DOC. EXAM	gust	6/14
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

OHINY BONNE

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COVER LETTER

TO: Registration : Division of C				
SUBJECT:	Kingdom Co (Name of L	imited Liability Company)	·	
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.		
Please return all corres	spondence concerning this matte	er to the following:		
-	Time	Name of Person)	<u>. </u>	
_	Kingdom (a	Strictm, LCC (Firm/Company)		
· _	584 Quarter	torse Lane (Address)	·	
-	Bunnell, F	L 3 2//0 /State and Zip Code)		
For further information	n concerning this matter, please (Name of Person)	at (<u>SVF</u>) <u>FOO</u> (Area Code & Daytime	SECHEL OF THE PROPERTY OF THE	FILED
Enclosed is a check for the \$25.00 Filing Fee	same following amount: \$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**

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 4-3-06 and assigned document number 406000349562		
SECOND: This amendment is submitted to amend the following:		
steve Shears - MCoRM.	<u>.</u>	
tdd 53 Poinsettia Dr	_	
Ormand Beach, FL 32176	-	
Med E	- - 06 J	
Chris Brancher - MGRM. 59	EG NOT	-1
53 Poinsettia Dr.	- AH	
Ormand Beach, FL 32176	- :	_
ALE CONTRACTOR OF THE CONTRACT	03	
	_	
Dated $6-7-06$,		
Li Lall Bres		
Signature of a member or authorized representative of a member		
Tim Gallien Typed or printed name of signee		

Filing Fee: \$25.00