## L060000003912

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

A. LUNT

OCT **27** 2010

EXAMINER

Office Use Only



400187072384

400187072384 10/26/10--01021--005 \*\*25.00



## **COVER LETTER**

Division of Corporations
SUBJECT: Kingdom Communications 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:
Phylisa Dever Name of Person
Kingdom Communications LLC Firm/Company
Address  Orlando Florida 32824  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Phylipa Dever at (407) 412-10394  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ Certificate of Status \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
MAILING ADDRESS: STREET/COURIER ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kingdom Com	munications UC
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	3912
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	7 <u> </u>
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	[ADDRESS]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>
B. If amending the registered agent and/or the new registered offi	r registered office address on our records, enter the name of the new ice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City 7in 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member Title Address Type of Action Name rg Add Remove ] Kemove Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member ped or printed name of signee

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Filing Fee: \$25.00