L06000063912

(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	lling Officer:	

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August 21, 2023

PHYLISA DEVER 6565 HAZELTINE NATIONAL DR UNIT 12 ORLANDO, FL 32822 US

SUBJECT: KINGDOM COMMUNICATIONS LLC

Ref. Number: L06000063912

We have received your document for KINGDOM COMMUNICATIONS LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Missing date of authorized representative's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS Regulatory Specialist III

RECEIVED

Letter Number: 923A00019364

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Kingo	lou Commun Name of Limi	ications LLC ided Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Phylisa	Name of Person	
	Kingdom Co	mmunications LL	<u> </u>
	6565 Haz	eltine National	Drive Unit 12
	Orlandon	FI. 32822 City/State and Zip Code	
	Mevera E-mail address: (1	be used for future annual report notific	eation)
For further information co	ncerning this matter, please ca	d):	
Phylisa Name of	Person	at (407) 808 - Area Code Daytime	769) Telephone Number
Enclosed is a check for the	following amount:		
\$ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	ion
Registration Se Division of Co		Registration Section Division of Corporation	
P.O. Box 6327		The Centre of Tal	
Tallahassee, Fl		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on c Liability Company)	our records.)	
The Articles of Organization for this Limited Li		y were filed on		and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited lia	bility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designa	ition "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applic Principal office address MUST BE A STREE		Cebles Haz Unit 12 Orlandon	eltine Nat H3283	Hisnal Daile
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	lebles Haz Unit 19 Orlandi	eltine N	ational Drive
B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office s here:	address on our record	ls, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	J05e	ph Dever	Jr	-
New Registered Office Address:	Orlan	Enter Florida su City	eet address Florida	2802 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 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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
			☐ Change
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ote:	If the date ins	ther than the sted, the date mus serted in this ble e date on the De	ock does not	meet the app	incubie statutor	2)23 g or more than 90 y filing requires	(optional) Odays after filing.) ments, this date	Pursuant to 605.020 will not be listed a
recor I is fi		lelayed effectiv	e date, but no	ot an effective	e time, at 12:01	a.m. on the ear	lier of: (b) The	e 90th day after the
ated	7/	10/20	3		·			
	T'	Tylis	Signature of a	i member or ac	athorized represe	ntative of a mem	ber	
		\cup						

Filing Fee: \$25.00