

L08000010514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

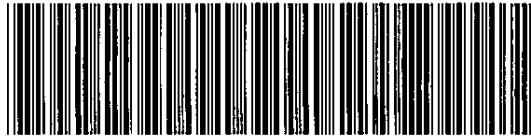
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100159679601

~~100159679601~~
08/19/09--01035--001 **30.00

FILED
09 AUG 19 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 20 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOYE 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:

ADEDEJI ADEYOYE, PE.
Name of Person

YOYE LLC
Firm/Company

2961 FOXCROFT DRIVE
Address

TALLAHASSEE, FL 32309
City/State and Zip Code

Kingsegr1@yahoo.com / omobab6@hotmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADEDEJI ADEYOYE at (401) 743-0626
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

YOYE 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 Jan 29, 2008 and assigned
Florida document number L08000010516.

This amendment is submitted to amend the following:

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

KINGS ENGINEERING, LLC

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)

2961 FOXCROFT DRIVE

TALLAHASSEE, FL 32309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2961 FOXCROFT DRIVE

TALLAHASSEE, FL 32309

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:

ADEDEJI ADEYOYE

New Registered Office Address:

2961 FOXCROFT DRIVE

Enter Florida street address

TALLAHASSEE

City

, Florida

32309

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:

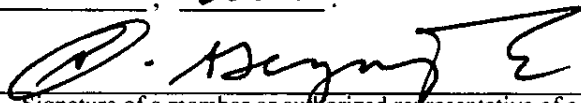
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ADEDEJI ADEYOYE</u>	<u>2961 FOXCROFT DRIVE</u> <u>TALLAHASSEE, FL 32309</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>PETRA ADEYOYE</u>	<u>1112 MAGNOLIA DRIVE</u> <u>TALLAHASSEE, FL 32301</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>ADEDEJI ADEYOYE</u>	<u>1112 MAGNOLIA DRIVE</u> <u>TALLAHASSEE, FL 32301</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>PETRA ADEYOYE</u>	<u>2961 FOXCROFT DRIVE</u> <u>TALLAHASSEE, FL 32309</u>	<input checked="" 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 AUGUST 13, 2009.



Signature of a member or authorized representative of a member

ADEDEJI ADEYOYE

Typed or printed name of signee