

L10000027709

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CRICHTON MULLINGS & ASSOCIATES PA
Account Number : I20070000038
Phone : (954)862-2250
Fax Number : (954)862-2251

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: admin-us@crichtonmullings.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

KINGSTON PROPERTIES MIAMI LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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DEC 22 2015
J. HARRIS

Dec. 21. 2015 2:30PM

No. 0082 P. 2/5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kingston Properties Miami 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:

Dawn Stimpson

Name of Person

CrichtonMullings & Associates PA

Firm/Company

3350 SW 148th Avenue, Suite 203

Address

Miramar, FL 33027

City/State and Zip Code

admin-us@crichtonmullings.com

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

For further information concerning this matter, please call:

Dawn Stimpson

954 862-2250
BT ()
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

Dec. 21. 2015 2:30PM

No. 0082 P. 3/5

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

Kingston Properties Miami 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 03/12/2010 and assigned Florida document number L10000027709.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA
STATE
SECRETARY OF STATE

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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

Dec. 21. 2015 2:30PM

No. 0082 P. 4/5

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	Lisa Gomes	245 N Fulton Avenue.	<input checked="" type="checkbox"/> Add
		Mount Vernon, New York 10552	<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
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

CLERK
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CLERK


No. 0082 P. 5/5

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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)

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.

December 5, 2013



Signature of a member

Signature of a member or authorized representative of a member

Nicole Ecga
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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FLORIDA STATE
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