# L10 000 11166

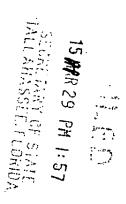
_

Office Use Only



500272342725

04/29/15--01016--007 \*\*30.00



Estates MAY 0.5 9015

## **COVER LETTER**

TO: Registration Section Division of Corporations		<b>.</b>
SUBJECT: KING ENTERPRISE Name of Limited	S Group UC  I Liability Company	
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.	
Please return all correspondence concerning this matter to	the following:	
STACY R	EISINGEK Name of Person	
	Prises Grap C	uc
165.37 OUTES	Address	·
Springhill Pl 1etstacydoi E-mail aldress: (10)	3460 City/State and Zip Code	
1etstacydoi E-mail address: (to	+ Qqma-1-Com be used for future annual report no	tification)
For further information concerning this matter, please call		
Stacy Reisinger Name of Person	at (813) SQ Area Code Dayti	me 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

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

	rises Group LLC
	y Company as it now appears on our records. Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{10/27/2010}{}$ and assigned
This amendment is submitted to amend the following:	_
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16549 outwood lane
(Principal office address MUST BE A STREET ADDR	Essi Springhill, Florida 34610
Enter new mailing address, if applicable:	16537 outword lane
(Mailing address MAY BE A POST OFFICE BOX)	16537 outwood lane Springhill, Florida 34610
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new
Name of New Registered Agent:	tary Reisinger
New Registered Office Address:	Enter Florida street address
Spri	right Florida 3460
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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
MGR	Desek M. Seckinger	13014 N Dale Mabry	/ the Add
	·	Suite 313	Remove
		Tampe, F1 33618	
MGR	Stacy Reisinger	16549 outwood lu	Add
		Springhill Fl 34610	□ Remove
MGR	Tom Spang		
	<b>,</b>	Tampa, Florida	□ Remove
			□ Add
			Refflove
			29
·			□ Ādd ≥ cs
			☐ Remove
			<del></del>
			Add
			Remove

ctive date, if other than the date of filing:		
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)		
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)		
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)		
5 tage Rasinge	ective date must be specific, cannot be pr	rior to date of receipt or filed date and cannot be more than 90 days after
Signature of a member or authorited representative of a member	1/22/2-10	
Signature of a member or authorized representative of a member		
	Stack	- Carriage

Page 3 of 3

Filing Fee: \$25.00

15 MR 29 PH 1: 57