

L11000123321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

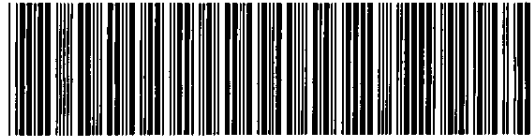
L11-123321

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 16 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2011

HECTOR MARTINEZ
14100 PALMETTO FRONTAGE ROAD
SUITE #390
MIAMI LAKES, FL 33016

SUBJECT: KINGDOM MANAGEMENT SPORTS GROUP, LLC
Ref. Number: L11000123321

We have received your document for KINGDOM MANAGEMENT SPORTS GROUP, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Returning check for \$250.00. Per our conversation sending new check for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 411A00025303



FM Law Group P.A.

14100 Palmetto Frontage Rd. Suite # 390

Miami Lakes, FL 33016

Phone: (305) 827-2277

Fax: (305) 827-2273

www.thefmlawgroup.com

FM LAW GROUP PA

14100 PALMETTO FRONTAGE RD SUITE 390

MIAMI LAKES FL 33016

PHONE: 305 827 2277

FAX 305-827-2273

CONTACT: HECTOR MARTINEZ

EMAIL: HECTOR@THEFMLAWGROUP.COM

FM Law Group, P.A.

14100 Palmetto Frontage Rd., Miami Lakes, FL 33016 - (305) 827-2277

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kingdom Management Sports Group, 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:

Hector Martinez

Name of Person

FM Law Group, P.A

Firm/Company

14100 Palmetto Frontage Rd, Suite 390

Address

Miami Lakes, FL 33016

City/State and Zip Code

hector@thefmlawgroup.com

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

For further information concerning this matter, please call:

Hector Martinez

Name of Person

at (305)

827-2277

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

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

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Kingdom Management Sports Group, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/28/11 and assigned Florida document number L11000123321.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

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 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>
MEMB	Conan Silveira	2682 SW 15 ST Deerfield Beach, FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MEMB	Marcus Silveira	2682 SW 15 ST Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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.)*

N/A

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated November 09, 2011

Signature of a member or authorized representative of a member

Hector Martinez

Typed or printed name of signee