

L12000038617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

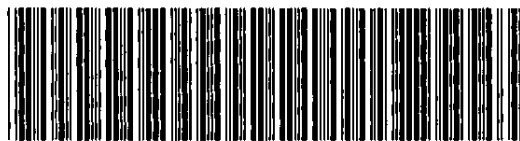
(Business Entity Name)

(Document Number)

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APPROVAL
AND
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12 AUG -6 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 07 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KINGDOM REALTY SERVICES 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:

Noili Alvarez

Name of Person

Noili Alvarez

Firm/Company

2911 TH ST W

Address

Lehigh Acres

City/State and Zip Code

Noilialvarez@gmail.com

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

For further information concerning this matter, please call:

Noili Alvarez

Name of Person

at (239)

265-7867

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

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

KINGDOM REALTY SERVICES 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 3/20/2012 and assigned
Florida document number L12000038617.

This amendment is submitted to amend the following:

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

KINGDOM REALTY SERVICES 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)

2911 21TH ST W

LEHIGH ACRES FL 33971

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2911 21TH ST W

LEHIGH ACRES FL 33971

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TALLAHASSEE, FLORIDA

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:

Noili Alvarez

New Registered Office Address:

2911 21TH ST W

Enter Florida street address

LEHIGH ACRES

, Florida

33971

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

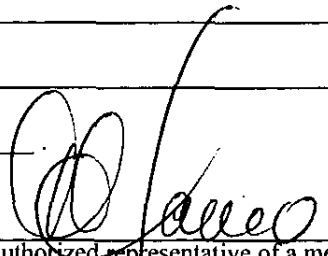
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NOILI ALVAREZ	2911 21TH STW LEHIGH ACRES FL 33971	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	WILLIAM ALVAREZ	2911 21TH ST W LEHIGH ACRES FL 33971	<input type="checkbox"/> Add <input checked="" type="checkbox"/> 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.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Dated AUGUST 1, 2012



Signature of a member or authorized representative of a member

NOILI ALVAREZ

Typed or printed name of signee