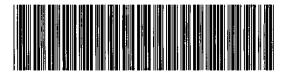
# 1200044095

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
		A
	<u></u>	+
	Office Use Only	

B. KOHR

SEP - 4 2012

EXAMINER



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08/30/12--01011--010 \*\*30.00

### **COVER LETTER**

SUBJECT:	KINGDOM GRO	UP INTERTRADE, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fec(s) are sub	omitted for filing.	12 Mg 30 Mg 95 30
Please return all correspon	ndence concerning this matter	to the following:	
			30
		BLANCA ROSA GIL	
		Name of Person	 
	KINGDOM	I GROUP INTERTRADE, LL	C
		Firm/Company	
	8001	WEST 26 AVE SUITE 5	
		Address	
	ĺ	HIALEAH, FL 33016	
		City/State and Zip Code	<del></del> -
	b	rosag@hotmail.com	
•	E-mail address: (	to be used for future annual report notifica	tion)
For further information co	oncerning this matter, please c	all:	
BLAN	CA ROSA GIL	ai ( <u> </u>	85-9281
Name of	Person	Area Code & Daytime T	elephone Number
Enclosed is a check for the	e 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)

Registration Section Division of Corporations

TO:

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**

## KINGDOM GROUP INTERTRADE, LLC (Name of the Limited Liability Company as it now appears on our

(A Florida Limited Liability Comp	any)	
The Articles of Organization for this Limited Liability Company were filed or	n03/30/2012 and as	signed S
Florida document number L12000044095	,	S
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limited liability compan	y here:	
The new name must be distinguishable and end with the words "Limited Liability C"L.L.C."	company," the designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<del>_</del>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<del></del>		
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of	of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
City  New Registered Agent's Signature, if changing Registered Agent:	Zip Code	?

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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> MGR CARLOS CASTELLON **8001 WEST 26 AVE SUITE 5** ☐ Add ✓ Remove HIALFAH, FL 33016 □ Add Remove ☐ Add Remove Add Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member BLANCA/ROSA GIL

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00