

LA000080453

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2013 OCT 21 PM 3:11

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D. PRICE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SOUVERNIR KINGDOM, 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:

**SHLOMI MELUL**

Name of Person

**SOUVERNIR KINGDOM, LLC**

Firm/Company

**6408 RALEIGH ST #2403**

Address

**ORLANDO FL 32835**

City/State and Zip Code

**INGRID@APLUSACCOUNTING.COM**

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

For further information concerning this matter, please call:

**SHLOMI MELUL**

Name of Person

**818 532-8665**

at ( )

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

FILED  
2018 OCT 21 PM 3:11  
TALLAHASSEE FLORIDA  
STATE DEPT OF STATE

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

**SOUVERNIR KINGDOM, 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 \_\_\_\_\_ and assigned  
Florida document number L12000080453.

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 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)

6408 RALEIGH ST #2403

ORLANDO FL 32835

**Enter new mailing address, if applicable:**

(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:

SHLOMI MELUL

New Registered Office Address:

6408 RALEIGH ST #2403

*Enter Florida street address*

ORLANDO

*City*

Florida 32835

*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.*

*Shlomi Melul*

**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

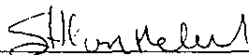
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MELUL SHLOMI	6408 RALEIGH ST #2403	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32835	<input type="checkbox"/> Remove
MGRM	DAVIDI EFRAIM	6928 SUGAR BUSH DR	<input type="checkbox"/> Add
		ORLANDO FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FALLS CHASSI EFTLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 10/01/13



Signature of a member or authorized representative of a member

SHLOMI MELUL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA