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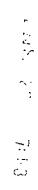
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## **COVER LETTER**

TO:	Registration Sec Division of Corp								
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SUBJECT: Name of Limited Liability Company									
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please	return all correspon	ndence concerning this matter	to the following:						
		RAMIEL REYES							
			Name of Person						
		KINGS LEGACY PROFE	SSIONAL SERVICES LLC						
Firm/Company									
		5935 NW 43RD LANE							
			Address						
		GAINESVILLE, FL 32606	5						
			City/State and Zip Code						
		KINGSLEGACYCLEANIN	NG@GMAIL.COM to be used for future annual rep	ort notification)					
For fur	ther information co	oncerning this matter, please ea		,					
RAMI	EL REYES		352 682-4	958					
	Name of	Person		Daytime Telephone Number					
Enclos	ed is a check for th	e following amount:							
<b>≡</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					

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Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KINGS LEGACY PROFESSIONAL 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  $\frac{05/10/2013}{1}$ \_\_\_\_\_ and assigned Florida document number L13000068756 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 contain 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) 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: LUCIA A GOMEZ Name of New Registered Agent: 5935 NW 43RD LANE New Registered Office Address: Enter Florida street address , Florida 32606 Zip Code GAINESVILLE City

## 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LUCIA A GOMEZ	5935 NW 43RD LANE	<b>=</b> Add
		GAINESVILLE, FL 32606	□Remove
			□Change
			🗆 Add
			□ Remove
			□ Change
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Filing Fee: \$25.00