

U400010551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

623

Office Use Only



200299415882

05/22/17--01028--005 **25.00

FILED

2017 JUN - 8 P 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 09 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2017

ROSA E SANCHEZ
KINGDOM CONSTRUCTION L.L.C.
394 ALTA VISTA AVENUE
FORT MYERS, FL 33905

SUBJECT: KINGDOM CONSTRUCTION L.L.C.
Ref. Number: L14000100551

We have received your document for KINGDOM CONSTRUCTION L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 717A000100551

2017 JUN -8 P 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2017 JUN -8 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kingdom Construction L.L.C.

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:

Rosa E. Sanchez

Name of Person

Kingdom Construction L.L.C.

Firm/Company

394 Alta Vista Avenue

Address

Fort Myers, FL 33905

City/State and Zip Code

isaiasrosapz@gmail.com

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

For further information concerning this matter, please call:

Rosa E. Sanchez

239 209-1585

Name of Person

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUN -8 P 5:08

FILED

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

Kingdom Construction L.L.C.

(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 06/24/2014 and assigned
Florida document number L14000100551.

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 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:**

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 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

MGR = Manager
AMBR = Authorized Member

FILED

2017 JUN -8 P 5:08

☐ Add ☒ Remove ☐ Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

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

N/A

FILED
2017 JUN -8 P 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 19th, 2017.

Isaias Perez

Signature of a member or authorized representative of a member

Isaias Perez

Typed or printed name of signee