

***L14000153973**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

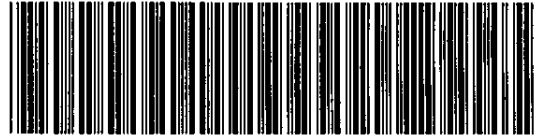
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 22 2014

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2014

RANDI VANDERHEYDEN
1200 S 4TH ST #101
LAS VEGAS, NV 89104

SUBJECT: IKING FLORIDA, LLC
Ref. Number: L14000153973

We have received your document for IKING FLORIDA, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00025657

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: iKing Florida, 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:

Randi Vanderheyden

Name of Person

King of Condos, Inc.

Firm/Company

1200 S 4th Street #101

Address

Las Vegas, NV 89104

City/State and Zip Code

randi@kingofcondos.net

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

For further information concerning this matter, please call:

Randi Vanderheyden

702 at (_____) **508-0512**

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

iKing Florida, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/02/2014 and assigned
Florida document number L14000153973.

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)

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:

Fabian A. Gonzalez

New Registered Office Address:

1111 Lincoln Road, 4th Floor

Enter Florida street address

[REDACTED] Miami, Florida 33139
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.

Fabian A. Gonzalez
If Changing Registered Agent Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Jason Trindade	1111 Lincoln Road	<input checked="" type="checkbox"/> Add
		4th Floor	<input type="checkbox"/> Remove
		Miami Beach, FL 33139	
CEO	Jason Trindade	1111 Lincoln Road	<input checked="" type="checkbox"/> Add
		4th Floor	<input type="checkbox"/> Remove
		Miami Beach, FL 33139	
S	Fabian A. Gonzalez	1111 Lincoln Road	<input checked="" type="checkbox"/> Add
		4th Floor	<input type="checkbox"/> Remove
		Miami Beach, FL 33139	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

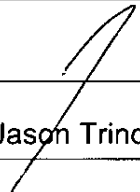
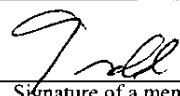
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 11th, 2014

Signature of a member or authorized representative of a member
Jason Trindade

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA