

L15000137254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11/14

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TALLAHASSEE, FLORIDA
16 NOV 10 11 4:17

NOV 10 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KINGENTA, 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:

MARCEL BARBIER

Name of Person

N/A

Firm/Company

8147 WESTFIELD CIRCLE

Address

VERO BEACH, FLORIDA 32966

City/State and Zip Code

abcorganicsllc@gmail.com

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

For further information concerning this matter, please call:

MARCEL BARBIER

Name of Person

786 252-6442
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee, <i>CK#631-10997</i>
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

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TALLAHASSEE, FLORIDA
16 NOV 10 PM 4:17

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

KINGENTA, 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 8/11/2015 and assigned
Florida document number L15000137254.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

BARBIER, MARCEL

New Registered Office Address:

8147 WESTFIELD CIRCLE

Enter Florida street address

VERO BEACH

, Florida 32966

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

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>	<u>Address</u>	<u>Type of Action</u>
DIR	ARMELLA, ZENA	8147 Westfield Circle	<input type="checkbox"/> Add
		Vero Beach, FL 32966	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	ARMELLA, JOSE	210-174th Street	<input type="checkbox"/> Add
		Apt 517	<input checked="" type="checkbox"/> Remove
		Sunny Isles Beach, FL 33160	<input type="checkbox"/> Change
DIR	ZHAI, JIDONG	8147 Westfield Circle	<input checked="" type="checkbox"/> Add
		Vero Beach, FL 32966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	CUI, BIN	8147 Westfield Circle	<input checked="" type="checkbox"/> Add
		Vero Beach, FL 32966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
6/10/10 10:41:17

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

I would like to add and delete Directors as mentioned above, thank you in advance!

1000

SECRET
STATE
EDITION
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-14-2001 BY 60322 UCBAW

E. Effective date, if other than the date of filing: November 11, 2016 (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 November 1, 2016

Signature of a member or authorized representative of a member

MARCEL BARBIER

Typed or printed name of signee