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(Re	equestor's Name)	
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COVER·LETTER

TO: Registration Section Division of Corporations	
SUBJECT: K.1. N. G. S. United Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michael Johnson Name of Person	
Name of Person	
KINGS United LLC	_
Firm/Company	•
5130 NW 3012 Lane	
Address	-
Gainesville FL	
City/State and Zip Code	- ' " ,
MJOHNSON. Kings @ 9 mail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Michael T. L. G. Sold Control of Part of the Control of the Cont	
Name of Person at (229) 506-011Z Area Code Daytime Telephone Number	<u> </u>
	•
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

, '<u>.</u>'..."

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K.I.N. a.S. Unit	ed LLC		
(Name of the Limite	d Liability Company as it now a A Florida Limited Liability Comp	oany)	
The Articles of Organization for this Limited Lia	<u> </u>	on December 18, 201	and assigned
Florida document number <u>L1500020</u>	9895		:
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compa	ny here:	
	** **		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company,"	' the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		5 5
		<u></u>	HATE GO
			SSS
Enter new mailing address, if applicable:	<u></u>	·	mo 2
Mailing address MAY BE A POST OFFICE B	<u> </u>	···	S
			=======================================
B. If amending the registered agent and/o registered agent and/or the new registered off		ss on our records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Ente.	er 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being address or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Address Type of Action **Name** □ Add ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add **♯** Remove Change

□ Remove

☐ Change

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an effe l ote:	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a f the date inserted in this block does not meet the applicable statutory filing requirements,	fler filing.) Pursuant to 605.0 this date will not be listed
	nt's effective date on the Department of State's records.	
e rec	rd specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. on the earlie
The	90th day after the record is filed.	
	1 1 27 201	
ated_	August 27 , 2016.	
	MU	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00