

L16000156014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

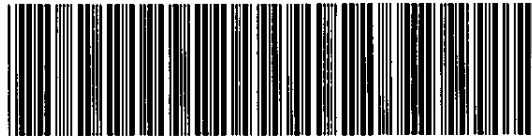
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/19/16--01007-021 \$25.00

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16 SEP 19 PM 3:05
TAMPA, FLORIDA

RECEIVED
DEPARTMENT OF STATE
16 SEP 19 PM 2:54

SEP 19 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW Kingdom Auto Sales 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:

Michael L Coleman

Name of Person

Firm/Company

315 Ross Rd Unit A

Address

Tallahassee, FL, 32306

City/State and Zip Code

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

For further information concerning this matter, please call:

at ()

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

NEW Kingdom Auto Sales 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 _____ and assigned
Florida document number _____.

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)

315 Ross Rd Unit A
Tallahassee, FL, 32305

★ Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

315 Ross Rd Unit A
Tallahassee, FL, 32305

B. 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:

★ New Registered Office Address:

315 Ross Rd Unit A

Enter Florida street address

Tallahassee, Florida 32305

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

Title	Name	Address	Type of Action
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V

ALFREDAL COLEMAN

315 Ross Rd Unit B

☐ Add



Tallahassee, FL 32305

☒ Remove

☐ Change

S

LATARA C LELAND

315 Ross Rd Unit B

☐ Add

Tallahassee, FL, 32305

☒ Remove

☐ Change

P

Michael L COLEMAN

315 Ross Rd Unit A

☐ Add

Tallahassee, FL 32305

☐ Remove

☒ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

16 SEP 19 PM 9:05
TALLAHASSEE, FL
UNIT B

[illegible]

16 SEP 19 PM 3:05
Urgent to 68-02

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

9-19-14

Signature of a member or authorized representative of a member

Typed or printed name of signee