L16000164261

(Requestor's Name)
, - (Address)
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(City/State/Zip/Phone #)
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(Document Number)
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OCT 0 4 2016 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE		N PROCESS LLC				
SOBJE	C1.	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	_			
		PEDRO P LEON RIVERO)			
			Name of Person			- Se
		KINGSMEN PROCESS L	LC			16 OCT -3
			Firm/Company			1 000
		6840 SW 132 AVENUE				-3 PH 4: 49
		· · ·	Address			F.
		MIAMI, FL 33183				6.
			City/State and Zip Co	de	·	
		MANGOVEDADO@HOT				
		E-mail address: (to be used for future annu	ual report notif	ication)	
For furt	ner information c	oncerning this matter, please c	all:			
PEDRO	P LEON RIVER	RO		302-9434		
	Name o	f Person	at () Area Code	Daytime	Telephone Number	
Enclose	d is a check for th	ne following amount:				
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is		☐ \$60.00 Filing Certificate o Certified Co (additional copy	f Status & py
		ING ADDRESS:		ET/COURI	ER ADDRESS:	

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

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

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

KINGSMEN PROCESS LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	company were filed on 09/01/2016	and assigned
Florida document number 16-000164261	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(ESS)	7 55
		<u>ع بالمجارة</u>
		PH 4
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		er the name of the ne
registered agent and/or the new registered office addi	ress nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered	City	Zip Code

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>	Address	Type of Action
AMBR	ZACHA RIVERO	6830 SW 132 AVENUE	B Add
		MIAMI, FL 33183	Remove
			Change
			Add
			□ Remove
			SECRETARY OCT Add
			Remove
			59 Dr. Change
			Remove
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effective date is listed, the date m :: If the date inserted in this l	lock does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 605. filing requirements, this date will not be liste
ment's effective date on the	Department of State's records.	
record specifies a delayene ne 90th day after the re	d effective date, but not an effective cord is filed.	ve time, at 12:01 a.m. on the earlie
0/16	2016	
ed		
	Signature of a member or authorized representa	stive of a member

Page 3 of 3

Filing Fee: \$25.00