

**L16000185056**

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

NOV 16 2016

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KINGCRETEDESIGNS 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:

MATTHEW J SPARKS

\_\_\_\_\_  
Name of Person

King Crete Designs LLC

\_\_\_\_\_  
Firm/Company

4251 Inverness St

\_\_\_\_\_  
Address

North Port, FL 34288

\_\_\_\_\_  
City/State and Zip Code

MMSPARKS8877@GMAIL.COM

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

For further information concerning this matter, please call:

MATTHEW SPARKS

941 716-3100  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

KINGCRETEDESIGNS 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 10/5/16 and assigned  
Florida document number L16000185056.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KING CRETE DESIGNS, LLC

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)

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:

AIMEE STANLEY

New Registered Office Address:

458 CARROLL ST

*Enter Florida street address*

CLERMONT

*City*

Florida 34711

*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>
MBR	AIMEE M STANLEY	4251 INVERNESS ST	<input type="checkbox"/> Add
		NORTH PORT, FL 34288	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	MATTHEW J SPARKS	4251 INVERNESS ST	<input checked="" type="checkbox"/> Add
		NORTH PORT, FL 34288	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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LED  
CLERK OF SALE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

16 NOV 14 PM 14 US  
DEPT. OF STATE  
WILLEMING, WYOMING

**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.

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

Dated OCTOBER 18TH 2016

Signature of a member or authorized representative of a member

MAIT SPARZUS  
Typed or printed name of signee