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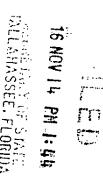
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## **COVER LETTER**

TO: Registration S  Division of Co			
KINGCR SUBJECT:	ETEDESIGNS LLC.		
youreer.	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence 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@GMAI		
	E-mail address: (	to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
MATTHEW SPARKS		941 716-3100 at ( )	
Namo	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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

KINGCRETEDESIGNS LLC.			
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	10/5/16 and a	ssigned
Florida document number L16000185056			
This amendment is submitted to amend the fol	lowing:		
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	e designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.			
,	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		7
		ن در بر	₹
B. If amending the registered agent and		on our records, enter the marne	
registered agent and/or the new registered (	office address here:	الله الله	3 111
N 6N 5	AIMEE STANLEY	OR!	
Name of New Registered Agent:	AllVILL STATELT		
New Registered Office Address:	458 CARROLL ST		<u> </u>
	Enter F	lorida street address	
	CLERMONT	, Florida <sup>347}</sup>	
	City	Zip Code	е

### 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>	Address	Type of Action
Title  MBR	AIMEE M STANLEY	4251 INVERNESS ST	
		NORTH PORT, FL 34288	■ Remove
			Change
P	MATTHEW J SPARKS	4251 INVERNESS ST	
			[] Pamana
			☐ Change
			· · · · · · · · · · · · · · · · · · ·
			Charles Charles
			☐ Change
		SEE FLORIUM	☐ Add
			☐ Remove
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						(S)	-	printer.
						10A	9,1	
Effective date, if other than the da	te of filing:	10/5/16			(optional)	_		
f an effective date is listed, the date must be Note: If the date inserted in this block	specific and car does not mee	mot be prior to t the applicab	date of filing of	or more than 90 da iling requiremen	iys after filing.) its, this date v	Pursuant to vill not be	o 605.02 c listed	207 (3 as th
document's effective date on the Depa	rtment of State	e's records.	•					
ne record specifies a delayed e The 90th day after the record	ffective data I is filed.	e, but not	an effectiv	e time, at 12	2:01 a.m. c	n the e	arlier	of:
OCTORER 18TH	<u></u> ,	2016	_ •	_				
Dated								
Dated OCTOBER 18TH		1	1.		7			

Page 3 of 3

Filing Fee: \$25.00