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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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## . COVER LETTER

	Registration Se Division of Cor			
		I BUILDING BOOKS, LLC		
SUBJEC	T:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
Please re	turn all correspe	ondence concerning this matter	to the following:	
		ERICA CARR		
			Name of Person	
		KINGDOM BUILDING E	SOOKS, LLC	
			Firm/Company	
		11621 KINGS RIDGE CT	. N	
			Address	<del></del>
		JACKSONVILLE, FL 32	218	
			City/State and Zip Code	
		ericalcarr10@gmail.com E-mail address: (	to be used for future annual report notifi-	cation)
For furth	er information c	concerning this matter, please co		
ERICA			904 323-9109	
	Name (	of Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for t	he following amount:		
<b>■</b> \$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)
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MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

2017 NOV 5 AK:11:08

KINGDOM BUILDING BOOKS, 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 Comp	oany were filed on wird	and assigned
Florida document number L17000057169		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company hero	<b>:</b>
The new name must be distinguishable and contain the words "Limited I	Liability Company." the des	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	<del></del>	<u> </u>
ro e		
Enter new mailing address, if applicable:	<u></u>	,
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
	<u>-</u>	
B. If amending the registered agent and/or registere	d office address on	our records, enter the name of the r
registered agent and/or the new registered office address		
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
New Registered Office Address.	Enter Floria	a street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of n t as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
īr	Changing Registered Age	nt, 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>	Type of Action
SEC	PASHEA E SIMMONS	11621 KINGS RIDGE CT. N	
		JACKSONVILLE, FL 32218	■ Remove
			☐ Change
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-		_	70 Add
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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of fili te: If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605.02 rv filing requirements, this date will not be listed
cument's effective date on the Department of State's records.	, ,
record specifies a delayed effective date, but not an effective	tive time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
NOVEMBER 2 2017	
ted (ACVENIBER 2)	
Time 1 ( a)	
Signature of a member or authorized represe	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00