L17000065590

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

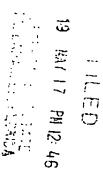




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05/22/19--01022--005 **16.25

04/25/19--01010--010 **43.75





May 6, 2019

HENRY THOMAS 4909 N YORK CT, APT 102 TAMPA, FL 33610

SUBJECT: KING HENRY III LIMITED LIABILITY COMPANY

Ref. Number: L17000065590

We have received your document for KING HENRY III LIMITED LIABILITY COMPANY and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$16.25.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 519A00009094

Octavia L Simmons Regulatory Specialist III

COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	KING HEN	RY III LIMITED LIABILITY (COMPANY	
SUBJE.C.1:	-	Name of Lim	ited Liability Company	
The enclosed	f Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Henry Thomas III		
			Name of Person	
		KING HENRY III LLC		
			Firm/Company	
		4909 N YORK COURT	APT. 102	
			Address	
		TAMPA, FL 33610		
			City/State and Zip Code OO.COM	
		E-mail address: (to be used for future annual report notific	cation)
² or further i	nformation co	oncerning this matter, please co	all:	
HENRY L	THOMAS III		813 389-9994	
•	Name of	Person	at () Area Code Daytime	Telephone Number
inclosed is a	check for the	e following amount:		
∃ \$25.00 F	iling 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:

TO:

Registration Section

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



MAY 1 7 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 03/22/2017 and assign Florida document number L17000065590 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 "LE Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: P.O. BOX 310786 TAMPA 51-23610		KING HENRY III LIMITED LIABILITY COMPANY
Florida document number L17000065590 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		(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
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 "LLE Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: P.O. BOX 310786 TAMPA 51 23610	gned	e Articles of Organization for this Limited Liability Company were filed on and assignified document number L17000065590 and assignified document number
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: P.O. BOX 310786 TAMBO EL 33610	-	If amending name, enter the new name of the limited liability company here:
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: P.O. BOX 310786 TAMBO El 23610	[Ĉ." - 7	, <u>, , , , , , , , , , , , , , , , , , </u>
Enter new mailing address, it applicable:		ter new principal offices address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) TAMPA, FL 33610	··· <u></u>	ter new mailing address, if applicable: P.O. BOX 310786
		TAMPA #1 22610
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of new registered of New Registered Agent</u> : Name of New Registered Agent: N/A	f the nev	Name of New Registered Agent: N/A
New Registered Office Address: N/A Enter Florida street address		New Registered Office Address:

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.

N/A

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>	Type of Action
COO	THOMAS, KUKNEESHA	4909 N YORK COURT APT. 102 TAMPA, FL 33610	
			□ Remove
			⊞ Change
V	THOMAS, KUKNEESHA	4909 N YORK COURT APT. 102 TAMPA, FL 33610	■ Add
			Remove
			□ Change
MGR	THOMAS, HENRY III	4909 N YORK COURT APT. 102 TAMPA, FL 33610	Add
			□ Remove
			☐ Change
CEO	THOMAS, HENRY III	4909 N YORK COURT APT. 102 TAMPA, FL 33610	■ Add
			Remove
			PH D Add
			Property of the control of the cont
		 	□ Change
			
			□ Remove
			Change

CHANGING REGISTERED	O AGENT THOMAS, HENRY III POSITIO	N FROM MGR TO CEO.
	IS SUBJUSTED NOT THE MANA	CED COLUD ME DI EASE
UPDATE THE ARTICLES	HE BUSINESS OWNER NOT THE MANA TO REFLECT AS SUCH.	
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	5/15/2019	
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11 the date inserted in this blument's effective date on the D	ock does not meet the applicable statutory fili	ing requirements, this date will not be lis
mich yenceme date on the 2	• • • • • • • • • • • • • • • • • • • •	
ecord specifies a delayed ne 90th day after the rec	d effective date, but not an effective	time, at 12:01 a.m. on the ear
ie 30th day after the rec	ord is med.	
MAY 15TH	2019	
7/-		
/ /	Signature of a member or authorized representative	

Page 3 of 3

Filing Fee: \$25.00