

L17000130515

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SUPREME SERVICE AND CARGO INC  
Account Number : 120160000039  
Phone : (786)512-0746  
Fax Number : (305)324-9641

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: mainimlai@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KINGS OF THRONES "L.L.C."

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

AUG 10 2017

RECEIVED  
2017 AUG -9 PM 5:34  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

RECEIVED  
2017 AUG -9 AM 11:49  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



August 9, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

KINGS OF THRONES "L.L.C."  
312 SW 8 AVE  
MIAMI, FL 33130US

SUBJECT: KINGS OF THRONES "L.L.C."  
REF: L17000130515

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Document illegible.

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.

Dionne M Pijaux  
Regulatory Specialist

FAX Aud. #: H17000209233  
Letter Number: 817A00016274

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KINGS OF THRONES 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:

JESSIE L. ALBO

Name of Person

KINGS OF THRONES LLC

Firm/Company

312 SW 8 AVENUE

Address

MIAMI, FL 33130

City/State and Zip Code

mairimlai@aol.com

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

For further information concerning this matter, please call:

JESSIE L. ALBO

at ( 786 ) 564-8326  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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)

**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

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

KINGS OF THRONES 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 06/14/2017 and assigned  
Florida document number L17000130515

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.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)

17 AUG - 9 AM 11:49  
FILED  
CLERK OF CIRCUIT COURT  
MIAMI, FLORIDA

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: JOSE LUIS OCHOA

New Registered Office Address: 312 SW 8 AVENUE

*Enter Florida street address*

MIAMI

*City*

Florida 33130

*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>
P	JESSIE L. ALBO	920 SW 9 COURT APT 2	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	IVANA Y. GIMENEZ RAMIREZ	312 SW 8 AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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HALL COUNTY, FLORIDA

E. Effective date, if other than the date of filing: 08/07/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated August 7, 2017



Signature of a member or authorized representative of a member

JESSIE L. ALBO

Typed or printed name of signee

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Filing Fee: \$25.00

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