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(Requestor's Name)
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COVER LETTER

Division of Co	rporations	,	
KINGDO	M LAND HOLDINGS, LLC		
30b)ECT.	Name of Lin	nited Liability Company	
		Name of Limited Liability Company If fee(s) are submitted for filing. Ing this matter to the following: Name of Person Firm/Company Address City/State and Zip Code	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
		•	-
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
PETER WAHBA			
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KINGDOM LAND HOLDINGS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>07/24/2017</u>	and assigned
Florida document number 117000156997		•
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 design:#lor	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		19 SEC
		in ₹ n
Enter new mailing address, if applicable:	-	SS 7
Mailing address MAY BE A POST OFFICE BOX)		Tig y in
		47 316 310/
B. If amending the registered agent and/or registere egistered agent and/or the new registered office address		cords, enter the name of the r
egistered agent and/or the new registered office address	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	City	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>	Name	Address	Type of Action
MGR	SAMUEL WAHBA		
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ffective date, if other than the an effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	nust be specific and block does not m	cannot be prior to cet the applicab	date of filing or le statutory fili	more than 90 day	(optional) s after filing.) Purs ts, this date will	suant to 6 not be li	905,020 isted a:
e record specifies a delay The 90th day after the re	ed effective da ecord is filed.	ate, but not a	an effective	time, at 12	:01 a.m. on t	he ear	lier o
ated MAY 14		2019					
	Signature of a m	ember or authoriz	zed representativ	e of a member			

Page 3 of 3

Filing Fee: \$25.00