118000006266

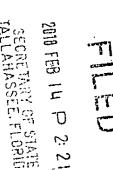
(Requestor's Name)
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D. SCOTT FEB 1 5 2010

COVER LETTER ...

TO:		istration Sedision of Corp				
eud i	ECT.	KING'S RE	MODELING GROUP			
SUBJ	ECT:		Name of Limi	ted Liability Company		
The er	nclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return	all correspon	ndence concerning this matter	to the following:		
			CHRISTOPHER HYLER			
				Name of Person		
				Firm/Company		
			1501 NW 16TH LN			
				Address		
			FORT LAUDERDALE, F	L 33311		*
				City/State and Zip Code		•
			KINGSREMODELINGGR	_		
			E-mail address: (1	to be used for future annual report notification)	···	
For fu	ırther iı	nformation co	oncerning this matter, please ca	all:		
CHR	ISTOF	HER HYLE	R	954 627-4858 at ()	720 2	المنشث
		Name o	f Person	Area Code Daytime Telephon	e Number AHASSEE	FILED
Enclo	sed is	a check for th	ne following amount:		SEE TO	Market II
S \$2	25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	660.00 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

KING'S REMODELING GROUP		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number L18000006266	any were filed on 01/08/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the ne
Name of New Registered Agent:		7.0 3 7
New Registered Office Address:	Enter Florida street address , Flori	DE TO
New Registered Agent's Signature, if changing Registered Agented	City ent:	Zip Colle
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of	lete performance of my duties, and as provided for in Chapter 605, F	er agree to comply with the I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

. 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
AMBR	CHRISTOPHER HYLER	1501 NW 16TH LN	■ Add
		FORT LAUDERDALE, FL 33311	□ Remove
			Change
		<u> </u>	Add
			Remove
			Change
			D Add
			Remove
			Change
			Remove Change
			SOUM D
			P. C. Remove
			☐ Change
			Add
			□ Remove
			Change

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Filing Fee: \$25.00