

118000022500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

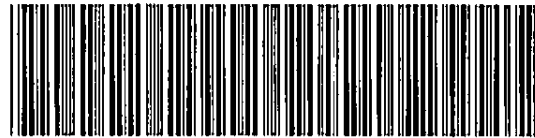
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 FEB -5 AM 7:14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THREE KINGS MIAMI 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:

TUCKER WUDYKA
Name of Person

THREE KINGS MIAMI LLC
Firm/Company

1508 BAY ROAD ~~MIAMI~~ APT N989
Address

MIAMI BEACH, FL, 33140
City/State and Zip Code

TUCKER@THEGUESTROOMMIAMI.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TUCKER WUDYKA at (631) 484 2030
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

THREE KINGS MIAMI 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 1/31/18 and assigned
Florida document number L18000022500.

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.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) _____

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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: _____

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TUCKER WUDYKA	1508 BAY ROAD	<input checked="" type="checkbox"/> Add
		APT N989	<input type="checkbox"/> Remove
		MIAMI BEACH FL 33140	<input type="checkbox"/> Change
MGR	WYATT WUDYKA	1508 BAY ROAD	<input type="checkbox"/> Add
		APT N989	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL, 33140	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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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TALLAHASSEE, FLORIDA

18 FEB -5 AM 7:03

E. Effective date, if other than the date of filing: _____ (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.

(b) The 90th day after the record is filed.

Dated _____, _____.



Signature of a member or authorized representative of a member

TUCKER WUDYKA

Typed or printed name of signee

Detail by Entity Name

Florida Limited Liability Company

THREE KINGS MIAMI LLC

Filing Information**Document Number** L18000022500**FEI/EIN Number** NONE**Date Filed** 01/25/2018**Effective Date** 01/24/2018**State** FL**Status** ACTIVE**Principal Address**

1508 BAY ROAD

N989

MIAMI BEACH, FL 33140

Mailing Address

1508 BAY ROAD

N989

MIAMI BEACH, FL 33140

Registered Agent Name & Address

WUDYKA, TUCKER K, MR.

1508 BAY ROAD

N989

MIAMI BEACH, FL 33140

Authorized Person(s) Detail**Name & Address**

Title MGR

WUDYKA, WYATT A, MR.

1508 BAY ROAD

MIAMI BEACH, FL 33140

Annual Reports**No Annual Reports Filed****Document Images**[01/25/2018 -- Florida Limited Liability](#)[View image in PDF format](#)