

L18000023217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
18 MAR 26 PM 1:42

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MAR 28 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2018

DUSTIN RAMEY
PO BOX 798
VALRICO, FL 33595

SUBJECT: KINGDOM KUTS, LLC
Ref. Number: L18000023217

We have received your document for KINGDOM KUTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 818A00005339

Kingdom Kuts, LLC
PO Box 798 Valrico FL 33595
813-520-6757
Kingdomkuts2017@gmail.com

FAX



To: Brittney

Fax: 850-245-6030

Date: 3/26/2018

Re: corrected forms

From: April Lopresto

Fax: 813-756-6952

Phone: 813-426-7485

Comments:

Attached are the corrected forms. Thank you so much
for all your help.

Pages **5**

- | | |
|-------------------------------------|----------------|
| <input checked="" type="checkbox"/> | Urgent |
| <input type="checkbox"/> | For Review |
| <input type="checkbox"/> | Please Comment |
| <input type="checkbox"/> | Please Reply |
| <input type="checkbox"/> | Please Recycle |

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kingdom Kuts, 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:

Dustin Ramey
Name of Person

Kingdom Kuts, LLC
Firm/Company

PO Box 798
Address

Valrico, FL 33595
City/State and Zip Code

kingdomkuts2017@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dustin Ramey at (813) 520-6757
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**

Kingdom Kutz, 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 Jan 25, 2018 and assigned Florida document number 118000023211.

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 "LLC."

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:

Dustin Bamey

New Registered Office Address:

503 Falkirk Ave

Enter Florida street address

Valrico

City

Florida

33594

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.

Dustin Bamey
(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>
DR	April Lopez	503 Falkirk Ave	<input type="checkbox"/> Add
		Valrico, FL 33594	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Dustin Ramey	503 Falkirk Ave	<input checked="" type="checkbox"/> Add
		Valrico, FL 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dustin Ramey	503 Falkirk Ave	<input type="checkbox"/> Add
		Valrico, FL 33594	<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

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

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.

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 March 2, 2018.

Signature of a member of authorized representative of a member

Dustin M. Ramey
Typed or printed name of signee

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