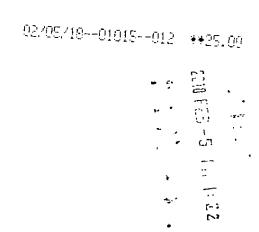
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(Address)
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TEBOGARMS
J. HARRIS

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	SDOM EXPRESS, LLC		
SUBJECT:	Name of Limi	ted Liability Company	As to
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Robert Cummings, Jr		
		Name of Person	
	Cummings & Cummings C	CPA, PLLC	
		Firm/Company	
	1319 Hardy Street		
		Address	
	Hattiesburg, MS 39401		
	<del></del>	City/State and Zip Code	
	robert@cummingscpa.biz		
For further information	n concerning this matter, please ea	to be used for future annual report not	incation)
Robert Cummings, Jr	·	601 544-7552	
	e of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r 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)
Reg Div	ILING ADDRESS: istration Section ision of Corporations . Box 6327	STREET/COUR Registration Secti Division of Corpx Clifton Building	TIER ADDRESS: ion prations

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KINGDOM E	XPRESS, LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears mited Liability Company)	on our records.)	<del></del> _
The Articles of Organization for this Limited Liability Con	npany were filed on	01/31/2018	and assigned
Florida document number	•		•
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	d liability company her	<u>e</u> :	
N/A			25
The new name must be distinguishable and contain the words "Limited	d Liability Company." the des	ignation "LLC" or the ab	
Enter new principal offices address, if applicable:	N/A	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>		· (.)
			: :
			·
Enter new mailing address, if applicable:	N/A		P.3
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<del>-</del>
	<del></del> _		
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addresses.		our records, enter	the name of th
No. 11 of No. 12 of No. 12 of N/A			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
<del></del>	Ciţ		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>	Type of Action
AMBR	Cornelius Williams	10114 Hawk Storm Ave	<b>■</b> Add
		Tampa. FL 33610	□ Remove
			Change
			☐ Remove
			Change
			Remove
			Change
			□ Add
			☐ Remove
			• 5 ☐ Ghange
			□ Remove
			Change
			□ Remove

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ote: cum	ive date, if other than the date of filing:
ſhe	90th day after the record is filed.
ted	Signature of a number or authorized representative of a member 1
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Robert R. Cummings, Jr

Filing Fee: \$25.00