

48000039625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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18 JUN 18 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O. SIMMONS

JUL 15 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kingdom Property Care 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:

Tawheedah Mustafa
Name of Person

Kingdom Vacation Rentals
Firm/Company

9110 Integra Meadows Dr Apt 212
Address

Davenport FL 33896
City/State and Zip Code

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

For further information concerning this matter, please call:

Tawheedah Mustafa at (407) 460-3936
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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) |
|---|---|--|--|

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 Property Care 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 2-13-18 and assigned
Florida document number 118000039625.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Kingdom Vacation Rentals L.L.C
The new name must be distinguishable and contain the words "Limited Liability 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)

9110 Integra Meadows Dr
212 Davenport FL 33896

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Tawheedah Mustafa

New Registered Office Address:

9110 Integra Meadow Dr Apt 212
Enter Florida street address

Davenport, Florida 33896
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.

Tawheedah Mustafa
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	Nijael Mustafa	9110 Integra Meadows Dr	☐ Add
		Apt 212 Davenport Fl	☒ Remove
		33896	☐ Change
MGR	Tawheedah Mustafa	9110 Integra Meadows Dr	☒ Add
		Apt. 212 Davenport Fl	☐ Remove
		33896	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

We are NO longer a cleaning business,
we are Now a Property Management
business only.

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TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: 7-15-18 (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 7/14/18

Tauheedah Mustafa

Signature of a member or authorized representative of a member

Tauheedah Mustafa

Typed or printed name of signer