Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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(((H18000114528 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business:@ntity to be used for future annual report mailings. Enter only one: email address please. \*\*

Address:					
į	Address:	Address:	Address:	Address:	Address:

## LLC AMND/RESTATE/CORRECT/OR M/MG RESIGN

# K.I.N.G.Č, LLÅ

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Electronic Filing Menu

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## **COVER LETTER**

	istration Sectision of Corp		•		
SUBJECT:	K.I.N.G.C,	LLC			
		Name of Limi	ed Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return	all correspond	dence concerning this matter t	o the following:		
		Cheyenne Moseley			
			Name of Person (354)	The state of the s	
		Legalzoom.com, Inc.	.:		
			Firm/Company		2030\$
		101 N. Brand Blvd., 11th	Floor		
			Address		
		Glendale, CA 91203	1.		
		11.	City/State and Zip Code		
		tarrellterry@gmail.com E-mail address: (t	be used for future annual repor	notification)	
For further in	nformation con	ncerning this matter, please ca	II:		
Cheyenne N	Moseley			888 ext. 9724	
	Name of I	Person	at ()	aytime Telophone Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status &	

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

K.I.N.G.C. LLC

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	Limited Liability Company)	(CCOLUS.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/21/2018	8 and assigned
Florida document number L18000045383	<del></del> '	
This amendment is submitted to amend the following:	5n . 1,5 m	
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	
Principal office address MUST BE A STREET ADDR	(ESS)	
	<del></del>	
• • • • • • • • • • • • • • • • • • • •		Trans
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regist	tered office address on our re	100 miles
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regist	tered office address on our re	100 miles
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regist	tered office address on our re	100 miles
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regist registered agent and/or the new registered office address.	ress here:	cords, enter the name of the
	ress here:	cords, enter the name of the

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

Page 1 of 3

::

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	TERRY, CHIQUITA	18905 SW 320TH ST	□ Add
		HOMESTEAD, FL 33030	<b>⊠</b> Remove
		· · · · · · · · · · · · · · · · · · ·	<del></del>
<del></del>		Section 1	
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late this document is filed by the Florida Departmen	te of receipt or filed on of State)	late and cannot be more	(optional) than 90 days after
ctive date, if other than the date of filing effective date must be specific, cannot be prior to date this document is filed by the Florida Department at April 10	2018		
date this document is filed by the Florida Department of April 10	2018	d representative of a m	

Page 3 of 3

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