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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER MAY 0 4 2018

COVER LETTER

то:	Registration Sec Division of Corp			
	· · · · · · · · · · · · · · · · · · ·	err Enterprises		
SUBJE	CT:	Name of Limit	ted Liability Company	
		Amendment and fee(s) are submidence concerning this matter t		
		Reginald Kerr		
			Name of Person	
		Kingdom Kerr Enterprises		
			Firm/Company	
		1703 Springwell Place		
			Address	
		Brandon, FL 33511		
		rskstb@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please co	all:	
Regina	ald Kerr		813 734-9408	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for the	he following amount:		
\$ 2	5.00 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)
		ING ADDING	etdeet/Coudi	FD ANNOFSS:

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 Kerr Enterprises	
(Name of the Limited Liability Compan (A Florida Limited I.	y as it now appears on our records.) iability Company)
ne Articles of Organization for this Limited Liability Company orida document number	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabi	lity company here:
e new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	MASION AND SECRETARY OF THE SECRETARY OF
	P XX
	- cr
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	- HO
	
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	ffice address on our records, enter the name of the se:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	Circ 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	Scieka Kerr	1703 Springwell Place, Brandon, F	Add
			Remove
			Change
AMBR	Reginald Kerr	1703 Springwell Place, Brandon, F	
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change

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ffective date, if other than t	ust be specific and cannot be prior to date of filing or more	than 90 days after filing.) Pursuant to 605.0207
lote: If the date inserted in this ocument's effective date on the	block does not meet the applicable statutory liting re	equirements, this date will not be listed as
ocument's effective date on the	Department of State 3 records.	
e record specifies a delay	ed effective date, but not an effective tim	e, at 12:01 a.m. on the earlier of
The 90th day after the r	cord is filed.	
April 30	2018	
Pated		

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Typed or printed name of signee

Filing Fee: \$25.00