119000170699

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500316126795

08/07/18--01006--018 **25.00

2010 AUG - 7 PH 2: 42

N PRUCE AUG 11 2018

COVER LETTER

Miami Custo	m Kings, LLC				
	Name of Lim	ited Liability Company			
all correspond	dence concerning this matter	to the following:			
	Margaret G Reilly				
		Name of Person			
		Firm/Company			
	2430 NW 78th Street				
		Address			
	Miami, FL 33147			20 [A]	
				II AUC ECRET LLAH	7
iformation cor			port notification)	7 X C	
Reilly		404 615-	4689	FLOR	
Name of I	Person	Area Code	Daytime Telephone Number		
echeck for the	following amount:				
filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat sed) Certified	e of Status & Copy	
	Miami Custo Miami Custo Articles of A all correspond Reilly Name of E	Articles of Amendment and fee(s) are sub- all correspondence concerning this matter Margaret G Reilly 2430 NW 78th Street Mnami, FL 33147 E-mail address: (aformation concerning this matter, please of Reilly Name of Person a check for the following amount: filing Fee \$30.00 Filing Fee &	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Margaret G Reilly	Miami Custom Kings, LLC Name of Limited Liability Company L'Articles of Amendment and feets) are submitted for filing. all correspondence concerning this matter to the following: Margaret G Reilly Name of Person Firm/Company 2430 NW 78th Street Address Miami, FL 33147 City/State and Zip Code E-mail address: Ito be used for future annual report notification) afformation concerning this matter, please call: Reilly Name of Person Area Code Daytime Telephone Number i check for the following amount: filing Fee Sign.00 Filing Fee & Sign.	Miami Custom Kings, LLC Name of Limited Liability Company

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

Miami Custom Kings, LLC (Name of the Limited Liability Com	pany as it now appears on our records.) rd Liability Company)	
The Articles of Organization for this Limited Liability Comparting document number 1,18000170688		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records,	SECURE IN THE PROPERTY OF STATEMENT OF STATE
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	
	, Flor	rida
	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.

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>	Name	Address	Type of Action
AMBR	Raylene Thompson	2430 NW 78th Street	
		Miami, FL 33147	
			☐ Change
			Add
			■ Remove
			☐ Change
			DAdd
			☐ Remove
			☐ Change
			Add
			☐ Remove
			The Charge T
			SSS STATE OF THE PROPERTY OF T
			Remove
			D. Change
			□ Add
			□ Remove
			□ Change

		<u> </u>
		
		<u></u>
		9918 A
	AHASSI	<u> </u>
		p-
		y_ (5
		<u> </u>
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of e: If the date inserted in this block does not meet the applicable statutory filing requirem tument's effective date on the Department of State's records.		605.020 listed a
record specifies a delayed effective date, but not an effective time, at 1	12:01 a.m. on the ea	arlier o
he 90th day after the record is filed.		
ed		
Signature of a member or authorized representative of a membe	er	_
Margaret G Reilly		

Page 3 of 3

Filing Fee: \$25.00