L18000197324

(Re	questor's Name)	
(Ad	dress)	
`	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D.,	oriana Fakibi Nam	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
L		

Office Use Only



900374157199

10/84/21--01030--010 **30.00

7071 (19 PH 3: 08

Manus

NOV 2 3 2021 I ALBRITTON

COVÉR LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Kingdom Solut	ions (CC)
Name of Limite	d Liability Company
The enclosed Articles of Amendment and fee(s) are submi	itted for filing.
Please return all correspondence concerning this matter to	the following:
Christe	pher Williams Name of Person
Kingdom	Solutions LLC Firm/Company
3133 Rec	wer Pand Trail
Valvico	FC 3359 Q City/State and Zip Code
	be used for future annual report nouncation) COM
For further information concerning this matter, please call	l:
Christopher Williams	at (813) 373-4850 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60,00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



2021 MC1 19 AM 8: 15

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2021

CHRISTOPHER WILLIAMS 3133 BEAVER POND TRAIL VALRICO, FL 33596

SUBJECT: KINGDOM SOLUTIONS LLC

Ref. Number: L18000187324

We have received your document for KINGDOM SOLUTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L06000003120 - C & S LOGISTICS, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 421A00024939

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION (2)	
OF S	
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 August 6, 2018 and assign Florida document number L18000187324.	ed
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	

A. If amending name, enter the new name of the li CS to 915 to 51 The new name must be distinguishable and contain the words "L	mited liability company here: Company here: Transport + logistics: imited 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 AD)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, enter the name of the new register:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Williams, Jovani	3/33 Beswer Pond Trail	□ Add
		Valrico, FL, 33596	Яспюче
			□ Change
MGR Pinto Jr, Suntas	Pinto Jr, Juntas	3133 Beaver Pond Trail	tXAdd
	•	Valrico, FC, 33596	
			Change
			🗀 Add
			□Remove
			☐ Change
			🗀 Add
			□Remove
			Change
		□ Add	
		□Remove	
			□ Change
			□ Add
			□Remove
			□ Change

-	
_	
_	
_	
-	
_	
_	
_	
-	
_	
_	
_	
_	
-	
-	
_	
(If an effi	ive date, if other than the date of filing: V/4
he record ord is fil	d 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
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00