# L18000192343

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# **COVER LETTER**

Division of Corporations
SUBJECT: Kingdom Cocksmith LC 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:
Vaughn Howard Name of Person
Firm/Company
361 SW 161th Ave
Pernbroke Pines, FL 33027
E-mailaddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Valighy Howard at 954 682-9155  Name of Person at 954 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Linx	dom	ockomi	th 1	nc		
(Name of the Lingte	d Liability Comp: A Florida Limited	any as it now appe Liability Company	ars on our rec	ords.)		
The Articles of Organization for this Limited Lia Florida document number L18000192	ibility Company 1343.	v were filed on _	08/10	19018	and ass	signed
This amendment is submitted to amend the follo-	wing:					
A. If amending name, enter the new name of	the limited liah	bility company l	nere:			
The new name must be distinguishable and contain the we	rds "Limited Liab	ility Company," the	designation "I	A.C" or the abbrev	iation "L	.L.C."
Enter new principal offices address, if applica	ble:				<del></del>	<del></del>
(Principal office address MUST BE A STREET	<u>(ADDRESS)</u>				<u></u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	9 <u>0X)</u>			7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7	OCT - 1 AM 7:145	
B. If amending the registered agent and/or registered agent and/or the new registered off	• •		n our reco	rds, enter the	name	of the new
Name of New Registered Agent:						
New Registered Office Address:		Enter Flo	rida street ado	lress		
				Florida		
		Ciņ		7	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>	Address	Type of Action
AMBR	Vaughn Howard	3615W 167th Ave	Add
		361 SW 167th Ave Rembroke Pines, FL 33	6027 🗆 Remove
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