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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: _		F IN SWEETZ LLC			
SOBJECT: _		Name of Lin	nited Liability Company		 -
The enclosed .	Articles of 2	Amendment and fee(s) are sub	unitted for filing		
		ndence concerning this matter	_		
		WANDY FIGUEROA			
			Name of Person		
		FIGCO ACCOUNTING F	TRM		
			Firm/Company		
		6900 TAVISTOCK LAKE	ES BLVD STE 400		
			Address		 _
		ORLANDO, FL 32827			
			City/State and Zip Code		
		INFO@EFIGCO.COM			
			to be used for future annual	report notification)	
For further info	ormation co	ncerning this matter, please ca	all:		
WANDY FIG	UEROA			2-6091	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is a c	heck for the	following amount:			
■ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	ng Address: stration Sc	ection		tion Section	
	ion of Co Box 6327	rporations		n of Corporationtre of Tallahas	
	hassee, Fl			Monroe Street	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 (122 R) 8: 33

COMFORT IN SWEETZ LLC

(Name of the Limited Liability Company as it now appears on our records.)

	(A Fiorida Chinico Ciability Company)		
The Articles of Organization for this Limited L Florida document number L18000262505		08/2018	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company he	<u>re</u> :	
KINGDOM ERA , LLC			
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our re	cords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	WANDY FIGUEROA		
New Registered Office Address:	6900 TAVISTOCK LAKES B	SLVD STE 400	
	ORLANDO		32827
	City		Zip Code
8.7 Av. 1 A. 1			

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
			□Add
			□Remove
		-	Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
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	06/15/2020
<u>Note:</u> If	date, if other than the date of filing: (optional) (ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
rd is filed.	ì
Dated	6/15/2020
	Signature of a member or authorized representative of a member
	JOEMILEE GONZALEZ
	Typed or printed name of signee

Filing Fee: \$25.00