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COVER LETTER

Division of Cor		w			
108 Kingsle SUBJECT:	ey Investment LLC	•			
SUBJECT:	Name of Lim	ited Liability Company	A		
	Amendment and fee(s) are sub	-			
Trease return an correspo	Craig Johnson	to me tono mig.			
		Name of Person			
	AG One Financial, Inc.				
		Firm/Company			
302 3rd St Ste 4					
		Address			
	Neptune Beach, Florida 32	266			
		City/State and Zip Code			
	taxes@aglfinancial.com	to be used for future annual report n	oditiontion t		
For further information c	oncerning this matter, please or		omeanon	50101	
Craig Johnson		904 429-4748 at ()		 	
Name o	f Person	Area Code Days	time Telephone Number	2010 S. C. 613 2: 18	OF STATE
Enclosed is a check for the	ne following amount:			ົ້າວ	S.m
≅ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	of Status &	-53

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

108 Kingsley Investment LLC

(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 04/05/2019 and assigned Florida document number 1.19000095129 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

_. Florida __

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Durga Ram Prasad Tanneru	5054 Highland Meadow Drive,	≣Add
		Fort Worth, TX 76132	□Remove
			Change
MGR	Roshni Upputalla	5054 Highland Meadow Drive,	≣ Add
		Fort Worth, TX 76132	□Remove
			□ Change
			□Add
			□ Change
			□Add
			□ Remove
			□Change
			DAdd
			Remove
			□Change
			□Add

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an effecti	date, if other than the date of filing:	:07 (as 1
	s effective date on the Department of State's records.	
record s is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ıe
3/	6/2020	
ated		
ated	IIN in on.	
ated <u>"</u>	Signature of a member of authorized representative of a member	

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